

## **Purchasing Card Application Form**

<u>Instructions</u>: Applicant to complete form and submit to Budget Manager for review and signature with the final approval and signature from the departmental Vice President. Submit to Business Office for processing.

Cardholder Name:		Date	Date	
Title:		Default department Code(4 digits)		
Department:				
Email address:				
*Spend Limit:	Up to \$2,500 (Monthly) > STANDARD PCARD			
	Up to \$5,000 (Monthly) > Athletics, ITR, Dean, etc.			
	Up to \$10,000 (Monthly) > VP			
_	Above \$10,000 (Monthly) > Reason for limit request			
Cardholder (Print	· Name)	- ————————————————————————————————————		
Chair / Dean / Director (Print Name)		Signature	Date	
Vice President /	President (Print Name)	Signature		