

Purchasing Card Application

Purchasing Card Program

CARDHOLDER INFORMATION	
First Name: _____	MI: _____ Last Name: _____
Southeast ID: _____	Work Phone: _____ Email: _____
Department: _____	Department Index Code: <input style="width: 100px; height: 20px;" type="text"/>
Job Title: _____	
APPLICANT SIGNATURE: _____	DATE: _____

REQUEST INITIAL CREDIT LIMITS	
Monthly Limit: <input type="radio"/> Standard - \$5,000 <input type="radio"/> High - \$10,000 <input type="radio"/> Other - \$ _____	Single Transaction Limit: <input type="radio"/> Standard - \$5,000 <input type="radio"/> High - \$10,000 <input type="radio"/> Other - \$ _____
Justification for Other Limit(s): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

SUPERVISOR INFORMATION	
Supervisor Name: _____	Southeast ID: _____
Work Phone: _____	Email: _____
<p>I AGREE TO THE FOLLOWING REGARDING MY ROLE IN THE PURCHASING CARD PROGRAM AT SOUTHEAST MISSOURI STATE UNIVERSITY.</p> <p>I have read and understand the Purchasing Card Manual.</p> <p>I agree to review and approve transactions within the required deadlines, to approve reports on a regular basis, and to ensure that all applicable back-up documentation is maintained.</p> <p>I agree to not approve transactions that do not correspond with the program policies and to notify Accounts Payable of these discrepancies or violations immediately.</p> <p><i>I understand my responsibilities as they relate to the Purchasing Card Program and authorize the above request.</i></p>	
SUPERVISOR SIGNATURE: _____	DATE: _____

FOR USE BY ACCOUNTS PAYABLE OFFICE ONLY			
App Received Date: _____	Application Approved by: _____	Date: _____	
Card Ordered: _____	Training Completed: _____	Card to Applicant: _____	
Additional Notes: _____			