

Purchasing Card Application

Purchasing Card Program

CARDHOLDER INFORMATION

First Name: _____ MI: ____ Last Name: _____
Southeast ID: _____ Work Phone: _____ Email: _____
Department: _____
Job Title: _____ Card Default Index Code:

APPLICANT SIGNATURE: _____ DATE: _____

REQUEST INITIAL CREDIT LIMITS

- Standard - \$5,000 Monthly / \$5,000 Per Transaction
 Other - Monthly Limit: \$ _____

Justification for Other Limit:

SUPERVISOR INFORMATION

Supervisor Name: _____ Southeast ID: _____
Work Phone: _____ Email: _____

I AGREE TO THE FOLLOWING REGARDING MY ROLE IN THE PURCHASING CARD PROGRAM AT SOUTHEAST MISSOURI STATE UNIVERSITY.

I have read and understand the Purchasing Card Manual.

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.

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.

I understand my responsibilities as they relate to the Purchasing Card Program and authorize the above request.

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: _____