



**PURCHASING CARD
CARDHOLDER ENROLLMENT FORM**

THIS FORM SUPERCEDES PREVIOUSLY SUBMITTED FORM FOR THIS CARDHOLDER.

Check One:

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NEW CARDHOLDER

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CHANGE – EXISTING CARDHOLDER ACCOUNT #

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CHANGE – INFORMATION ON EXISTING CARDHOLDER

(Describe Change (ex. Default Budget, Transaction/Spending Limits, Department, Mailing Address, etc.)

Section I: To be completed by Cardholder Applicant: (Must be same name on record in Human Resources.)

Cardholder Name: (maximum of 26 spaces)

Department:

Employee ID#:

Office Mailing Address:

City, State, & Zip:

Phone #:

E-mail:

Section II: To be completed by Supervisor/Budget Head:

Single Transaction Limit:

Spending Limit per Billing Cycle:

(Maximum \$1000)

Number of Purchases Allowed per Billing Cycle:

DEFAULT BUDGET ACCT:

DEFAULT OJECT CODE:

Signatures/Approvals:

Applicant's Signature: _____

APPROVED BY: _____

Supervisor/Budget Head

DATE: _____

APPROVED BY: _____

Budget Head (only required if Supervisor is not Budget Head)

DATE: _____

APPROVED BY: _____

Appropriate Vice Chancellor

DATE: _____

APPROVED BY: _____

Assistant Vice Chancellor/Controller

DATE: _____

Date Application Processed by Controller's Office: _____

Submitted To Card Issuer By: _____

Date: _____