

**Purchasing Card Application**
**APPLICATION/APPROVAL FORM**

Applicant's Name: \_\_\_\_\_

Department Name: \_\_\_\_\_ Bldg. Room#: \_\_\_\_\_

Department Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Campus Wide Identification Number (CWID #): \_\_\_\_\_

Default project(s) to be charged: \_\_\_\_\_

Award Period (For Grants and contracts projects number): \_\_\_\_\_

Explanation for why the card is needed : \_\_\_\_\_

Monthly \$ Limit Request (\$5,000 Maximum): \_\_\_\_\_ Single purchase Limit Request: \_\_\_\_\_

Max. Transactions per Month: \_\_\_\_\_ Max. Transactions per Day: \_\_\_\_\_

ASC account balance: \$ \_\_\_\_\_ ASC OSP coordinator's initial: \_\_\_\_\_

Explanation when the applicant needs the maximum credit of \$5,000: \_\_\_\_\_ ASC OSP coordinator's initial: \_\_\_\_\_

Department contact for Audit/Reconciliation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I agree to adhere to the ASC policies and procedures and to sign the Cardholder Purchasing Card Agreement before a Purchasing Card will be issued. Upon the issuance of a card, I understand that I will be personally responsible for any abuse, misuse or purchases of prohibited items. I also understand that failure to submit all required documents in compliance with purchasing card policy deadlines may result in revocation of my card.

 \_\_\_\_\_  
 Applicant Name (Print/Type)

 \_\_\_\_\_  
 Applicant's Signature

 \_\_\_\_\_  
 Date

I hereby approve the applicant, listed above, for issuance of an ASC Purchasing Card. I assure that the monthly reconciliation of all statements will be done, as required, and all documentation retained. I understand that the improper use of this card by this individual may result in revocation of the card.

 \_\_\_\_\_  
 Department Head/Supervisor Name (Print/Type)

 \_\_\_\_\_  
 Department Head or Supervisor Signature

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Division Head or Designee (Print/Type)

 \_\_\_\_\_  
 Division Head or Designee Signature

 \_\_\_\_\_  
 Date

Approved:

 \_\_\_\_\_  
 Director of Financial Services

For Sponsored Program Accounts Only: Sponsored Program Coordinator \_\_\_\_\_

ASC Office Administrator \_\_\_\_\_ By \_\_\_\_\_