

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: _____

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 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:

Chief Financial Officer

For Sponsored Program Accounts Only: Sponsored Program Coordinator _____

ASC Office Administrator _____ By _____