



## Procurement Card Application

All information on this form must be completed. Print legibly please.

CARD HOLDER INFORMATION			
Last Name	First Name	Initial	
Department Name	Room and Building		
Street Address	City	State	Zip Code
UIN#	Phone Number		
Email Address			

APPROVING OFFICIAL INFORMATION	
Approving Official's Name	Approving Official's E-Mail Address
Approving Official's Signature	
Backup Approver's Name	Backup Approver's E-Mail Address
Backup Approver's Signature	
ORSP Approver's Name (if applicable)	ORSP Approver's E-Mail Address
ORSP Approver's Signature	

Default Chartfield Information		
Account:	Dept ID:	Fund:
Project:	Project Description:	

FISCAL AFFAIRS USE ONLY	
<b>Card Limits</b>	
Single Transaction Limit:	Monthly Limit:
Approved: _____	
AVP for Fiscal Affairs	Date: _____

**Please submit this application along with the Procurement Card Program Agreement**