

# Procurement Card Application

Office of Procurement and Strategic Sourcing • Procurement Card Program



## APPLICANT/ACCOUNT INFORMATION

Applicant's Name (as it will appear on card)		Applicant's Department	
Applicant's Building Name and Room Number If off-campus, enter street address		Applicant's Division	Last Four Digits of SSN (this will be your ID Number)
Applicant's Campus E-mail Address		Applicant's Campus Phone	
Applicant's Signature		Date	
Cost Center	Fund Number	Grant* / Internal Order	
Fund Type:	Local	Discretionary	Grant* Other: _____

## PROCUREMENT CARD PURCHASE LIMITS

\$ _____ (Maximum \$10,000)	\$ _____ (Maximum \$2,000)
Monthly Spending Limit	Single Transaction Limit

## ACCOUNT MANAGER AUTHORIZATION

I, the undersigned Account Manager, do hereby accept responsibility for assuring that all expenditures charged to the Procurement Card for accounts under my signature authority are expended in accordance with Federal, State, University Policies, Procurement Card Guidelines and Procedures Manual, and funding source requirements and sufficient funds are available in the account designated above. If expenditures do not conform to the above, I acknowledge that I may be held personally liable. IF THE ACCOUNT MANAGER IS THE APPLICANT, A SIGNATURE FROM THE NEXT LEVEL UP IS REQUIRED.

Account Manager's Printed Name	Account Manager's E-mail Address
Account Manager's Signature	Date

## \*SPONSORED PROGRAM AUTHORIZATION

Procurement Card applications for all sponsored program accounts will be routed to Grants Administration for review and are subject to limitations based on the budget approved by the funding source.

OSP Signature	Date	Sponsored Program End Date
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