

PURCHASING CARD APPLICATION

Add

Change

Delete

CARDHOLDER INFORMATION

Cardholder Name _____ Title _____

Email _____ Employee ID# _____

Department _____ Supervisor _____

Budget Acct Code _____ Card#Last 4 _____

Justification for Card Issuance or Chang _____

CARDHOLDER CONTROLS

Monthly Credit Limit _____ Per Transaction Limit _____
(Optional)

Temporary Increase _____ Increase Termination Date: _____

APPROVAL SIGNATURE

I agree to review and approve all cardholder transactions in accordance with the Credit Card Policy. Policy is located on Catawba College web page.

Cardholder's Supervisor _____ Date _____
(Print)

Cardholder's Supervisor _____
(Sign)

Submit completed form to the Finance Department at pcard@catawba.edu. An email will be sent when the card is available for pick up by the cardholder. A cardholder agreement will need to be signed after reading the Credit Card Policy.

Approval _____ Completion _____
Controller / AVP Signature Program Administrator Signature