RESET FORM

Auburn University

Purchasing Card Application

Cardholder Information - (To be completed by Applicant)

First Name | Middle Initial | Last Name (Maximum of 24 Characters)

Banner ID Number | Title

Department | Business Phone Number (10 Digits)

Group* | Group Reconciler/Administrator

Monthly Statement Address (Complete Campus Mailing Address)

City | State | Zip (10 Digits)

Applicant Email Address | Reconciler Email Address

Employee's Signature | Date

$499 ☐ $3,000 ☐
Single Transaction Limit

$1,000 ☐ $3,000 ☐ $5,000 ☐ $10,000 ☐
Suggested Monthly credit limit

Dean/Director/Department Head's Signature | Date

Cardholder Information Provided by Program Administrator:
(To be Completed by Procurement and Business Services)

Monthly Credit Limit

Program Administrator's Signature

***Group is typically defined as the Department but could, in some cases, be a Sub-Department. The "Group Reconciler/Administrator" is defined as the employee who prepares the monthly Purchasing Card Reconciliation for that area.**

After completion and approvals, send completed form to Procurement and Business Services, 311 Ingram Hall.

BO 99-10 (Rev 06/15)