

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 Payment 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 Payment Services, 311 Ingram Hall.

BO 99-10 (Rev 06/15)