



Procurement Cardholder Application

Cardholder Information:

Name (First, Middle Initial, Last): _____

Name as it is to appear on the card: _____

Department Code (i.e. Biology is dept 3630, Music is dept 3580) _____

University Phone Number: _____

University Email Address: _____

Signature: _____

Date signed: _____

Person responsible for allocating charges on Visa website _____ Self
 _____ Other: _____
 MU email: _____

Department Director / School Dean Information:

Name: _____

University Phone Number: _____

University Email Address: _____

Default Department for transaction coding
(if not department indicated above) _____

Single transaction dollar limit: _____ (cannot exceed \$5,000)

Daily dollar spending limit: _____

Monthly dollar spending limit: _____ N/A

Overall (billing cycle) credit limit: _____

Allow travel expenses on this card: _____ Yes _____ No

(Travel allowed for VP's and select key personnel. Provide justification below to allow travel)

Travel Justification: _____

Signature: _____

Date Signed: _____

Vice President Information:

Name: _____

Signature: _____

Date Signed: _____

Controller's Office Information:

Controller's Name: _____

Controller's Signature: _____

Date Signed: _____

Card Account Manager's Name: _____

Card Account Manager's Signature: _____

Date application submitted to BB&T: _____