



**Procurement Cardholder Application**

Please complete the highlighted sections, print form, obtain necessary signatures, and submit to the Controller's Office for processing.

**Card Holder Information:**

Name (First, Middle Initial, Last):

Name as it is to appear on the card:

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

University Phone Number:  University Email:

Signature:  Date:

Person responsible for allocating charges on Visa website:  Self

Other: Name and Email:

**Department Director/School Dean Information:**

Name:

University Phone Number:  University Email:

Default Department (if not department indicated above):

Single Transaction Dollar Limit \$750

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:

**Vice President Information:**

Name:

Signature:  Date:

**Controller's Office Information:**

Controller's Name: Carol Plummer

Signature:  Date:

Card Account Manager's Name: McKenzie Jackson

Signature:  Date:

Date Application Submitted to Suntrust: