



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:

MU Employee Number:

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:

Maximum allowable is \$2,000, without additional justification

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:

Kelly Moravek

Signature:

Date:

Date Application Submitted to Suntrust: