

DRAKE UNIVERSITY PURCHASING CARD

Cardholder Application

Instructions. (Complete all fields except those indicated.)

Cardholder Information:

Cardholder Name: _____
(as it will appear on card-maximum 20 characters)

Department Name: _____

E-Mail address: _____

Business Telephone: (____) _____ - _____ X _____

Social Security No: _____ - _____ - _____
Date _____ - _____ - _____

X _____ Date _____ - _____ - _____ X _____
Cardholder Signature *Supervisor Signature*
VP or Dean Signature

Authorization Limits and Restrictions:

Select Authorized Limit Overall Monthly Limit: \$ _____

Level 1=3000/1500; Level 2=5000/2000; Level 3=7000/2500 Single Purchase Limit: \$ _____

Reporting Information:

Reporting FOAPAL: _____
(This # is assigned by Wells Fargo Bank) (2)

Accounting FUND, ORG & PROG _____
(maximum 22 characters)

Approver _____

Special Instructions:

X _____ X _____
Purchasing Card Administrator *date*