# MINNESOTA STATE COLLEGES AND UNIVERSITIES
# MINNESOTA STATE UNIVERSITY MOORHEAD
# PURCHASING CARD APPLICATION FORM

REQUIRED FOR EACH CARDHOLDER.

**COMPLETE ALL SECTIONS AND RETURN TO:**
**MSUM, Business Office, Room 106, Owens Hall**
**Attn: Mark Rice, Purchasing Card Administrator**

**PERSONAL INFORMATION:**

Applicant Name: _____
First Middle Last

Position/Title: _____

Dragon ID #: _____

Office Address: _____

Office Telephone: _____

Office E-Mail Address _____

Home Address: _____

Social Security Number: XXX-XX-_____(last 4 digits only)

**MSUM DEPARTMENT & ACCOUNT INFORMATION:**

Division: _____

Department: _____

Default Cost Center: #:_____Name:_____
This Account # will be used for chargeback to your account unless you indicate a different account number on your transaction log of charges.

Other cost centers used: #: _____ _____ _____ _____ _____

**GENERAL CARD INFORMATION:**

Requested Transaction Limit: _____ per transaction (no pyramiding allowed--read policies when card is received)

Requested Monthly Limit: _____per month (you must remain within your department budget—this amount will be encumbered from your account/s)

**Justification for Card and Requested Limits:**

**SIGNATURES:**

I understand that I am required to comply with all the provisions of the Minnesota State Colleges and Universities Cardholder Agreement and Minnesota State Colleges and Universities policy and procedure applicable to use of the card.

Applicant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Vice President's Signature:_____ Date: _____

Approving Signature: _____ Date: _____
Vice President, Finance & Administration

MnSCU is tax exempt except for purchases of meals, lodging (under 30 days), waste collection and disposal services, or purchases or leases of motor vehicles.

**ATTACH Delegation of Authority Form indicating this activity AND any other delegated authorizations.**