



## SOUTHWEST MINNESOTA STATE UNIVERSITY PURCHASING CARD APPLICATION FORM

REQUIRED FOR EACH CARDHOLDER. COMPLETE ALL SECTIONS AND RETURN TO:  
Southwest Minnesota State University, Business  
Office Attn: Barb Berkenpas

### PERSONAL INFORMATION:

Applicant Name: \_\_\_\_\_  
First Middle Last

Position/Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Office E-Mail Address: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_

### SOUTHWEST MINNESOTA STATE UNIVERSITY -- DEPARTMENT & ACCOUNT INFORMATION:

Division: \_\_\_\_\_

Department: \_\_\_\_\_

Default Cost Center: \_\_\_\_\_

This Account # will be used for chargeback to your account unless you indicate a different account number on your transaction log of charges.

### 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 department budget-- funds will be deducted from dept. accounts).

### Justification for Requested Limits:

**Please note: This information will be provided to the bank issuing the purchasing card.**

### 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: \_\_\_\_\_

Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Purchasing Supervisor

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.