



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: Christy Johnson

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

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