

Southern Utah University

Purchasing Card Application

This application is to be submitted upon completion which includes obtaining all the required approvals. Only one (1) departmental account can be attached to each Purchasing Card and an employee may only be issued one (1) card. Please see the procedures when purchasing from multiple accounts.

Cardholder Name _____

Social Security # (Last Four Digits ONLY) _____ T-Number _____

Cardholder Signature _____ Date _____

Department _____

Departmental Account Number _____

Departmental Account Manager * _____

Department Manager E-mail _____

Account Manager Approval * _____

Supervisor Approval _____

* Person who will be responsible within the department to receive and reconcile monthly billing statements.

Availability to use for Non-Travel meals purchases (check one) Yes No
(If requesting this capability, this application must have an explanation attached and be approved by the SUU Controller and the Director of Purchasing prior to submitting)

_____ Controller

_____ Director of Purchasing

For Office Use Only

Division Number _____

Department Number _____

E _____ A _____ B _____ IA _____