SUU SOUTHERN UTAH UNIVERSITY PURCHASING OFFICE

Purchasing Card Application

Please submit electronically via email to danaewade@suu.edu or purchstu@suu.edu. **Incomplete forms (including lack of signatures) will not be processed.** Only one (1) card will be issued per cardholder. Exceptions must be requested in writing to the Purchasing Office.

1. Complete cardholder info

Full Legal Name:_____

Preferred Name:_____ **T-Number:**_____

E-mail Address:_____ **Phone #:**_____

SSN (Last Four Digits ONLY):_____ **Date:**_____

2. Indicate what type of card

Staff   Faculty   Student Worker   Other _____

INDEX	FUND	ORG	PROGRAM	ACTIVITY

3. Default accounting info

Department *will appear on card   _____

Account Manager   _____

FAAINVT Account Manager ID   _____

FAAINVT Business Manager ID   _____

4. Contact Purchasing with questions
   a) Include department name if different from what is on card
   b) Account Manager is the person completing adjustments etc.
   c) FAAINVT Account Manager ID is the primary allocator
   d) FAAINVT Business Manager ID is the secondary allocator if applicable

*If the app is for a new allocator, they will need to request a new ID

Requested Change from Standard Limits & Allowed Vendors (if applicable)

Single Purchase Limit :_____   **Monthly Limit:**_____

Allow for Closed Vendors:_____

Justification/Explanation:

5. Rare circumstances warrant changes or additions to standard card controls
*Additional signatures required for closed vendor requests

Approval Signatures:

Account Manager/Supervisor:_____ **Date:**_____

Dean/VP/President:_____ **Date:**_____
*Required for closed vendor requests

6. Either account manager or supervisor required
*Subordinate approval NOT AUTHORIZED

7. Required for closed vendor requests and when specified by the Purchasing Department

Purchasing Office Use Only		
Company:	Division:	Department:

E   A   IA   B