

# 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 Full Legal Name \_\_\_\_\_

Preferred Name on the Card (if different than legal name) \_\_\_\_\_

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

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

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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 \_\_\_\_\_