



*Purchasing Card Application*

Applicant Name: \_\_\_\_\_

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

Intended Use of Card: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

*\*Budget Administrator Use Only\**

Monthly Limit: \_\_\_\_\_

Per Purchase Limit (max \$500): \_\_\_\_\_

Restrictions (if any): \_\_\_\_\_

\_\_\_\_\_

Budget Administrator's Signature: \_\_\_\_\_

President's Signature: \_\_\_\_\_