



WESTERN

PURCHASING CARD APPLICATION

Add

Change

Delete

CARDHOLDER INFORMATION

Cardholder Name _____ Title _____

Email _____ UniID# 9 _____

Department _____ Supervisor _____

Default Code: Index _____ Account _____

Person Managing Transaction Envelope _____

CARDHOLDER CONTROLS

\$ X W R P D W L F / L P & W H C A H W Limit: (Optional, Subject To Approval) _____

Explain Other Limit: _____

Temporary Increase _____ Increase Termination Date: _____

APPROVAL SIGNATURE

I agree to review and approve all cardholder transactions in accordance with the Credit Card Policy. Policy is located on Business Office web page.

Cardholder's Supervisor _____ Date _____

(Print)

Cardholder's Supervisor _____

(Sign)

Return completed form to the Business Office. An email will be sent when the card is available for pick up by the cardholder. A cardholder agreement will be signed after reading the Credit Card Policy.

B/O Approval _____ Completion _____