ILLINOIS WESLEYAN UNIVERSITY

PURCHASING CARD APPLICATION

Add   Change   Delete

CARDHOLDER INFORMATION

Cardholder Name _____   Title _____

Email _____   University ID# 9 _____

Department _____   Supervisor _____

Default Code: Index _____   Account _____

Person Managing Transaction Envelope _____

CARDHOLDER CONTROLS

Monthly Credit Limit _____   Per Transaction Limit _____
                                                             (Optional)

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 _____