

MU PURCHASING CARD

CARDHOLDER ENROLLMENT / CHANGE FORM

Action: () Initial Enrollment () Change to Existing Account
 Fill in ALL blanks down to double line and return to Card Systems Administrator

Individual's Information to Appear on Card

Last Name: _____ First Name: _____
(Please Print)

Verification Information

For new cards only:

Last 4 digits of Social Security # _____
(Activation Password)

Mother's Maiden Name _____

Applicant's title: _____

Department Name: _____

Cost Center/WBS/Internal Order # _____

Office Phone #: _____

Email address: _____

Credit card to be used for: _____

All cards are set up with the following limits: \$1000/single transaction limit \$3,000/monthly transaction limit

Any increase in limits and type of charge (MCC Code) must be approved by the Purchasing Department in addition to the approval of the responsible person of the Cost Center/WBS/Internal Order # listed on this form.

All cards are initially valid for the purchase of basic supplies, if additional commodity types are required, please note below and have the financial manager initial for approval.

The nature of departmental operations and/or operating budgets may require an increase in these limits.

Increases to these limits must be initialed by the responsible person of the account

\$ _____/single trans limit _____(initial) \$ _____/monthly trans limit _____(initial)
(Limited to \$1000 due to capital assets policy)

Justification for increasing limits or MCC Codes: _____

Cardholder Signature: _____ Date: _____

() I verify that the Cost Center/WBS element/Internal Order and G/L account number are correct.

Responsible Person's Signature: _____ Date: _____
(Financial Manager)

Do Not Write Below This Line

Input

Card Systems Administrator: _____
 Date: _____

Approval

Purchasing Director _____
 Date: _____

J P MorganChase Data

User ID: _____ Password: _____ User Role _____ Control Group _____