



MONMOUTH UNIVERSITY

Purchasing Card Application

Applicant name: _____

Department Name: _____

Default GL Acct. Number: _____ - _____ - _____

*Monthly Credit Limit: \$ _____

* Can not be greater than the number of transactions per month, times the single transaction limit, and, should not be greater than the Department budget for the default account.

Default # of Transactions: 5 Per Day / 20 Per Month

Other: _____ Per Day / _____ Per Month

Would you like this card set up to be used on the W.B. Mason On-Line Account?

Yes

No

Applicant Signature: _____

Please obtain the following three signatures before returning this form to the Controller's Office

1. Department Head _____

Date: _____

Print name _____

2. Dean (if applicable) _____

Date: _____

Print name _____

3. Area V.P. _____

Date: _____

Print name _____

For Controller's Office Use Only

Program Coordinator: _____

Date: _____

Print name _____

Approving Individual _____

Date: _____

Print name _____

Approving Individual _____

Date: _____

Print name _____

**** To Be Signed By Cardholder When Card Is Issued ****

I acknowledge receipt of the Monmouth University Purchasing Card and the Monmouth University Purchasing Card Policy and Procedures document. I confirm that I have read, understand, and will comply with the terms of this policy and procedures document. I agree that my use of the card will be for University business only and that I am the only user of the card. I will return my Card to Human Resources or the Program Coordinator at my termination or upon request. I understand that the University may terminate my privilege to use this card at any time and for any reason including misuse of the Card. I further understand that I must document the expenses charged to my Card within 20 business days after my receipt of my monthly statement. If I fail to do so, I authorize the University, at its option, to deduct the amount of the undocumented or unallowable charges from my pay.

Cardholder _____

Date: _____

Program Coordinator _____

Date: _____