

Purchasing Card Application Form

Website: mnsu.edu/busoff/purchasingcard/

Please complete all sections and submit to :

Business Services, Purchasing Card Administrator, 236 Wigley Admin Attn: Helen Wenner



Cardholder Information:

Cardholder Name: _____
Last First Middle Initial

Position & Title: _____

MSU Tech ID: _____ **Telephone (ext):** _____
(found on MavCard)

Office Address: _____ **Office Fax Number:** _____
Building Code & Room #

Email Address: _____

Department and Cost Center Information:

Division: _____

Department Name: _____

Default Cost Center: _____ (cost center to be charged if reconciliation not complete by posting date)

Requested per transaction limit: _____ (\$1 to \$4999) no pyramiding allowed--read policies when card is received

Requested Monthly Limit: _____ (need to remain within your department budget)

List of Cost Center Numbers to be utilized:

Cost Center Number	Cost Center Title
_____	_____
Cost Center Number	Cost Center Title
_____	_____
Cost Center Number	Cost Center Title
_____	_____
Cost Center Number	Cost Center Title
_____	_____

(Attach additional sheet for other additional cost centers)

Types of purchases to be made:
Check all that apply:

- Office supplies/tools/parts/minor repairs
- Equipment less than \$9999
- Advertising/ Memberships/ Subscriptions
- Software/ Maintenance agreements
- Cardholder Airfare/ registration expenses
- Athletic or Acad Program Student GroupTravel
- Other (such as catering with special expense approval)

General Card Information:

Reconciler (if other than cardholder): _____
Last First Middle Initial MSU Tech ID #

Reconciler Email Address: _____ **Phone:** _____

Supervisor/Approver of Cardholder: _____
Last First Middle Initial MSU Tech ID #

Supervisor/Approver Email Address: _____ **Phone:** _____

As the cardholder I understand I am required to adhere to all Minnesota State University, Mankato purchasing policies and procedures applicable to the use of the card. The Supervisor and Approver signatures are approving the purchasing card issuance and agree to fulfill the requirements of an approver.

Cardholder Signature: _____ **Date:** _____

Supervisor/Approver Signature _____ **Date:** _____

Other Information: (to be completed by Purchasing card administrator- Business Services)

MCC Template's Assigned (circle one): MSU100, MSU101, MSU110, MSU120, MSU130, MSU140, MSU150 _____	Obj Code Template (circle one): Master, Basic, BC, BIT, BITC, BS, BSIT, BSC, Dorm Cards, Athletic _____
Cross Valadation Table: (CCER Dept#- Field 4 ISRS) _____	Hierarchy- (CCER Unit #-Field 2 ISRS) _____
Date card ordered: _____	Date Card received _____
Date training completed and card disbursed: _____	Card # _____
	Exp date: _____ 3 digits _____