

MSUM Purchasing Card Application

(Please type or print clearly)



*Applicants Name _____
(first name, MI last name)

*Social Security Number (last 4 digits) _____

* New Card Changes to Card Cancel Card

*Monthly Credit Limit _____

*Department Name _____

*Applicants Campus Phone # _____

Applicants Campus FAX # _____

*Applicants E-mail Address _____

*Purchasing card default Cost Center (Account Number) _____

Special Instructions:

Signature Area	
Applicants Signature _____	Date _____
Dept. Chairperson/Director _____	Date _____
Dean or Vice President or President _____	Date _____

All areas that have an asterisk at the beginning of the line, plus the complete signature block are a must when completing this form.

Send Completed Form to:

Mark Rice, Purchase Card Administrator,
Comptroller/Business Manager,
Business Office, Room 106, Owens Hall

Questions: please call
Carol Lindquist, Purchase Card Manager,
Business Office, 477-2782