

PURCHASING CARD ACCOUNT FORM
Dickinson College

I. APPLICANT INFORMATION

Name (First, MI, Last)

Employee Identification Number (NOT SSN)

E-mail Address

Campus Phone

Position and Department Name

Designated Record-keeper/Reconciler (if applicable) *

Cell Phone Number

* - If a Staff Associate or other employee will be responsible for maintaining documentation, please note that employee in this field

II. CARD INFORMATION

Default General Ledger Account Number

_____-_____-_____-_____
Fund Organization Program MCC Group (Administrator use only)

Monthly Credit Limit Needs (Choose One)

_____ \$1,000 _____ Other Amount

Please describe the intended uses of the Purchasing Card (subject to approval):

III. CARDHOLDER APPROVALS

Applicant Print Name

Applicant Signature

Date

Budget Officer/Approver Print Name

Budget Officer/Approver Signature

Date

Division Head (Vice President/Provost) Print Name

Division Head (Vice President/Provost) Signature

Date

Finance and Administration

Date

Request Entered Into System

Date Card Received