

CENTRAL CONNECTICUT STATE UNIVERSITY

Purchasing Card Application Form



<p>New Account</p> <p>Change (only complete fields to be changed)</p>

CARDHOLDER INFORMATION [PLEASE PRINT- ALL GRAYED AREAS TO BE COMPLETED BY APPLICANT]

Cardholder's Name [up to 24 characters]	Department	University Banner ID
	Work Phone Number 860.832.	Cell Phone Number
E-mail Address @ccsu.edu	Social Security Number* [last 4 digits only]	Date of Birth
Home Address		
Mother's Maiden Name or Password	Cardholder's Signature	Date

**This information is needed for identification purposes only and will not be reflected on personal credit history.*

DEPARTMENTAL APPROVAL

Budget Authority	Banner Index
Print Name: _____	Signature: _____
Supervisor (only required if you are both the cardholder and budget authority for your department)	Date
Print Name: _____	Signature: _____

REPORTING HIERARCHY CONTROLS [Please leave this section blank]

Application is	P-Card Member Services Coordinator Signature	Date
Approved Denied		
Cycle Spending Limit - \$ 10,000 Maximum Transactions/Day – 20	Single Purchase Limit - \$2,500.00 Maximum Transactions/Cycle - 100	
MCC Group [Merchant Category Control Group]	Check One	Include Exclude