



**PURCHASING
CARD
APPLICATION**

TYPE OF REQUEST

- NEW ACCOUNT: ADDRESS CHANGE
 DEPARTMENT CHANGE
 SINGLE TRANSACTION LIMIT
 TERMINATION
 OTHER

ACCOUNT NUMBER

EMPLOYEE APPLICATION INFORMATION PLEASE TYPE THE INFORMATION BELOW

FIRST NAME MI LAST NAME

V
EMPLOYEE VANDAL ID NUMBER (required) DATE OF BIRTH (MM/DD/YYYY) (required)

DEPARTMENT ADDRESS (required)

CITY STATE ZIP MAIL STOP

BUSINESS PHONE

EMPLOYEE EMAIL ADDRESS DATE OF COMPLETED TRAINING (required)

COMPANY INFORMATION TO BE COMPLETED BY AUTHORIZED DEPARTMENTAL RECORD KEEPER

Department Name (EMBOSS ON CARD)

PLEASE INDICATE CHOSEN FEATURE(S):

Default Index Default Expense Code

\$ 20000.00 \$.00
MONTHLY CREDIT LIMIT SINGLE TRANSACTION LIMIT

Record Keeper Name Campus Zip Record Keeper email address Record Keeper Business Phone Date of Completed Training (required)

Employee Applicant requests that he/she be issued a U.S. Bank Commercial Card. Employee Applicant understands that this card is to be used for business charges only and agrees to be bound by the U.S. Bank Cardholder Agreement and the State of Idaho for all charges incurred by the use of the card or the related account.

As the cardholder, the employee is responsible to ensure that only proper charges are placed on the purchasing card. As the cardholder, by signing the agreement, the employee acknowledges that any misuse of the card is a violation of University of Idaho policies and that any use of the card for personal purchase is also a violation of State of Idaho law and the employee may be subject to criminal prosecution,

Employee Applicant Signature Date

TO BE COMPLETED BY the Purchasing Card Administrator

3757 3839
U.S. BANK CO (NUMERIC) DIVISION (NUMERIC) COLLEGE. (NUMERIC) DEPARTMENT (NUMERIC)