



Purchasing Card or Declining Balance Card Application

Employee Information

First Name

Middle Initial

Last Name

Department

Location

Business Phone

Email Address

Date of Birth (mm/dd/yyyy)

USF Id/CWID

Last four digits of Social Security Number

Monthly Transaction Limit (Default is \$2500)

Single Transaction Limit (Default is \$1000)

Fund, Organization, Program Default / Other Funds, Organizations, Programs (Attach additional sheet if necessary)

Type of Card (Purchasing, Travel & Entertainment, **Combination**, or for Declining Balance-MUST LIST TOTAL LIMIT)

Employee Signature

Signature of Applicant / Date

Approver Signature

Print Name

Signature of Approver/ Date

Return Application to:

Purchase Card Manager LMN 3rd Floor