

Purchasing Card Application

CARDHOLDER'S INFORMATION (COMPLETED BY EMPLOYEE)

MSU Employee ID#: _____

Applicant's Legal Name

First Name

Middle Initial

Last Name

School/Division

Department

MSU Address – include full street address, building Name and room number

Building

Room Number

City

State

Zip Code

Campus Phone Number

Mobile Phone (optional)

MSU Email Address

Employment Status: Full-Time: _____ Part-Time: _____ Job Title: _____

FUNDING INFORMATION

Budget/Index#

Grant Name *(if applicable)*

Grant Expiration Date *(if applicable)*

Single Purchase Limit: _____
(State Maximum \$5000)

Monthly Purchase Limit: _____

AUTHORIZATION INFORMATION

Name of Cardholder

Signature

Date

Primary Authorized Reviewer

Signature

Date

Secondary Authorized Reviewer
(authorized to sign in absence of primary)

Signature

Date

Sponsored Programs

Signature

Date

Vice President

Signature

Date