Reset Print Form

TEXAS A&M UNIVERSITY-COMMERCE PURCHASING CARD PROGRAM
CARDHOLDER APPLICATION/APPROVAL FORM

Applicant's Name:

Department Name:

Department Code:

Phone Number:

E-Mail:

Last 4 of Social Security Number:

Main/Default Operating Account:
(FAMIS 11 digit account)

Department Contact for Audit/Reconciliation:

Name: Phone:

E-Mail:

I understand that I must attend a training class and I agree to follow the procedures set forth in the Cardholder's Purchasing Guide. I further agree to adhere to the departmental delegated authority guidelines and to sign the Cardholder Purchasing Card Agreement before a Purchasing Card will be issued. Upon the issuance of the card, I understand that the improper use of this card may result in disciplinary action, up to and including termination of my employment.

Applicant Name (print/type) Applicant Signature Date

I hereby approve the applicant, listed above, for issuance of a Texas A&M University-Commerce Purchasing Card. I agree that the account and support account, listed above, will have funds sufficient to pay any and all charges made by this individual. I have assigned the duty to assure monthly reconciliation of all statements will be done as required and all documentation retained. I understand that the improper use of this card by this individual may result in disciplinary action, up to and including termination of employment.

Account Manager (print/type) Account Manager Signature Date

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