ANDERSON UNIVERSITY CREDIT CARD REQUEST FORM

Check One: ☐ **New Card Request** ☐ **Existing Card ~ Change of Information Request**

Employee Name: _____, _____, _____
(Last Name) (MI) (First Name)

Employee ID: _____ Last 4 digits of S.S. Number: _____

Employee E-Mail: _____ Phone: _____

Primary Purpose of card: _____
(miscellaneous office supplies, travel, programmatic expense, etc.)

Department: _____ Primary Budget Number: _____-_____

Employee Signature: _____

Budget Director Signature: _____

Dean or Vice-President Signature: _____

Departmental credit cards will be issued in the amount of $1,000 unless otherwise requested and approved. *Please indicate below* if an amount greater than $1,000 is being requested and for what purpose.

Purpose: _____

Amount: _____

Please return the completed request form to the Business Office, Attn: Admin. Assistant
Please allow 2-4 weeks for processing.

~Business Office Use Only~

CCM Request:		Hierarchy:			
Card Received:		Budget:	-		
Notify:				E-mail list:	
Delivered:				Excel List:	
Credit Limit:		Password:			
M/C Number:	- - -		Exp Date:	/	

Date: _____ Signature: _____ Credit Limit: _____
(Assistant Treasurer and Controller)

T:\MasterCard\New CC Attachments