**ANDERSON UNIVERSITY CREDIT CARD REQUEST FORM**

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| **Check One:** **[ ]  New Card Request** | **[ ]  Existing Card ~ Change of Information Request** |

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (Last Name) (First Name) (MI)

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of S.S. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Purpose of card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (miscellaneous office supplies, travel, programmatic expenses, etc.)

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Budget #: \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

Expense Report Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean / Vice-President / Provost 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**

**requested and for what purpose.**

 Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| CCM Request: |  | Hierarchy: |  |
| Card Received: |  | Budget: |  **-** |
| Notify: |  |  |  | Sdg2: |  |
| Delivered: |  |  |  | Excel: |  |
| Credit Limit: |  | Password: |  |
| M/C Number: |  | Exp. Date: |  / |
|  |  |  |
| Date: |  | Signature: |  | Credit Limit: |  |
|  |  |  | **(Assistant Treasurer and Controller)** |  |  |

~Business Office Use Only~ |

*Please return the completed request form to the Business Office, Attn: Randy Coppess*

*Please allow 2-4 weeks for processing.*