



## APPLICATION FOR PURCHASING CARD

Application will not be processed until applicant has completed the required purchasing card training.

### **Section 1: Applicant Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_ Email address: \_\_\_\_\_

CSU employee ID number: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_

Account number: \_\_\_\_\_ Fund: \_\_\_\_\_ Department: \_\_\_\_\_ Program: \_\_\_\_\_

### **Section 2: Approver Information**

Name of person who will approve purchases of this cardholder: \_\_\_\_\_

Email address: \_\_\_\_\_ CSU employee ID number: \_\_\_\_\_

### **Section 3: Signatures**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean or VP signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Purchasing Use Only**