



APPLICATION FOR BANK OF AMERICA PURCHASING CARD

Section 1: Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____
Home Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Business Phone: _____
E-mail Address: _____ CSU Employee ID #: _____
Acct. #: Exp. Code ____ Fund ____ Dept. ____ Program ____ * **Project Number** _____
* **Total Funding \$** _____ * **End Date of Grant:** _____

Section 2: Approver Information

Name of supervisor who will approve monthly statements of this cardholder: _____
E-mail address: _____ CSU Employee ID #: _____
*SPRS Approval Required for Purchases? Yes ____ No ____

Section 3: Signatures

Applicant Signature: _____ Date: _____
Supervisor's Signature: _____ Date: _____
Dean or VP Signature: _____ Date: _____
* **SPRS Signature:** _____ Date: _____

* Required for Grant Funded Purchasing Cards Only

Purchasing Use Only

Please send completed form to p.card.application@csuohio.edu