



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: _____
Last 4 digits SS#: _____ Date of Birth: _____ E-mail Address: _____
CSU Employee ID #: _____ Mother's Maiden Name: _____
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