Webster UNIVERSITY

Purchasing Card Request Form

Date: _____

Cardholder Name: _____
(as it will appear on card; 19 characters or less)

Last 4 digits of Cardholder's SSN: _____

Cardholder CARS ID #: _____

Cardholder Email: _____

Department/School: _____

Department Account Code: ___ ___ ___ ___ ___ ___
Fund Function

Requested Limits:

Single Transaction Limit: _____

Monthly Credit Limit: _____

Approvals:

Dept VP/AVP/Dean: _____ Date: _____

Procurement Director: _____ Date: _____

Budget Office: _____ Date: _____