

FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

Cardholder Profile Information

Date: ___/___/___

- Action Requested Request new card
- Change existing profile
- Close Account – complete termination form
- Other: _____

CARD TYPE (Check One)
<input type="checkbox"/> Commodities Only
<input type="checkbox"/> Commodities & Travel *
* Requires Travel Addendum

Cardholder Name: _____
 Employee Z Number: _____
 Mother's Maiden Name: _____
 Vice President Unit: _____
 College: _____
 Department: _____
 Business Address: _____

Phone: _____
 Fax: _____
 e-mail: _____

Requested Monthly Limit: \$ _____ (Maximum Initial Amount:\$5,000)
 Single Transaction Limit: \$ _____ (Maximum: \$4,999)

Workday SmartTag _____

Dean/Director/Chair Signature: _____

Cost Center Manager Signature:: _____
 (if other than Dean/Director/Chair)

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Associate Card Administrator Approval: _____