

Millsaps College
Purchasing Card Cardholder Application

Please Print Clearly

To be completed by Cardholder

Cardholder name:	
Date of Birth: ___ / ___ / _____	Social Security Number: <u>xxx</u> - <u>xx</u> - _____
Department:	Email:
Position:	Supervisor:
Signature:	Date:

To be completed by Department Administrator

Default GL account number	_____ - _____ - _____
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Cardholder monthly spending limit	\$ _____
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Online Access

List person(s) needing access to view this account online:	(1)
(2)	(3)

Authorization

Department Administrator Signature: _____	Dean, Director or Department Head Signature: _____
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For Purchasing Card Administrator Use
Application Received

Signature and Date Processed:
