NEW CARDHOLDER REQUEST FORM

Date of Request: ______________________
Cardholder Name: ______________________________________
Cardholder E-Mail Address: ________________________________

Cardholder Department (Choose One):
- [ ] ATHLETICS  - [ ] HEALTH SCIENCES  - [ ] VP ACADEMIC AFFAIRS
- [ ] BUSINESS & INDUSTRY - [ ] HUMAN RESOURCES - [ ] VP ADMIN SERVICES
- [ ] COLLEGE RELATIONS - [ ] INFORMATION TECHNOLOGY - [ ] VP STUDENT SERVICES
- [ ] CONTINUING EDUCATION  - [ ] MAINTENANCE DEPARTMENT
- [ ] ECLC  - [ ] PRESIDENTS OFFICE
- [ ] EDUCATIONAL RESOURCES  - [ ] PURCHASING DEPARTMENT
- [ ] ENROLLMENT SERVICES  - [ ] SCHOOL OF SCIENCE
- [ ] FINE ARTS  - [ ] SOCIAL & BEHAVIORAL SCIENCE
- [ ] GRANTS OFFICE  - [ ] STUDENT ACTIVITIES

Group Reconciler/Person Auditing Logs for Department: ____________________________

Group/Cardholder Delegate to Code Transactions on-line (this would be if the cardholder is absent or if you are assigning someone to code transactions on their behalf): ____________________________

Visa Intellilink on-line report access, Circle one or both depending on Department Role: Individual  Manager

Manager or Supervisor Approving Transactions: ________________________________

*The Standard Limits Assigned are $1,000/Transaction & $5,000/Monthly Unless Otherwise Approved

Transaction Limit: Monthly Credit Limit:
- [ ] $1,500  - [ ] $7,500
- [ ] $2,000  - [ ] $10,000

Dean or Supervisor Approval Signature: ________________________________