

NEW CARDHOLDER REQUEST FORM

Date of Request: _____

Cardholder Name: _____

Cardholder E-Mail Address: _____

Cardholder Department (Choose One):

- | | | |
|--|--|--|
| <input type="checkbox"/> ATHLETICS | <input type="checkbox"/> HEALTH SCIENCES | <input type="checkbox"/> VP ACADEMIC AFFAIRS |
| <input type="checkbox"/> BUSINESS & INDUSTRY | <input type="checkbox"/> HUMAN RESOURCES | <input type="checkbox"/> VP ADMIN SERVICES |
| <input type="checkbox"/> COLLEGE RELATIONS | <input type="checkbox"/> INFORMATION TECHNOLOGY | <input type="checkbox"/> VP STUDENT SERVICES |
| <input type="checkbox"/> CONTINUING EDUCATION | <input type="checkbox"/> MAINTENANCE DEPARTMENT | |
| <input type="checkbox"/> ECLC | <input type="checkbox"/> PRESIDENTS OFFICE | |
| <input type="checkbox"/> EDUCATIONAL RESOURCES | <input type="checkbox"/> PURCHASING DEPARTMENT | |
| <input type="checkbox"/> ENROLLMENT SERVICES | <input type="checkbox"/> SCHOOL OF SCIENCE | |
| <input type="checkbox"/> FINE ARTS | <input type="checkbox"/> SOCIAL & BEHAVIORAL SCIENCE | |
| <input type="checkbox"/> GRANTS OFFICE | <input type="checkbox"/> 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: |
| <input type="checkbox"/> \$1,500 | <input type="checkbox"/> \$7,500 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$10,000 |

Dean or Supervisor Approval Signature: _____