

PROCUREMENT CARD PROGRAM APPLICATION FORM**Instructions**

1. Applicant must be a **Regular Full Time/Part Time WMU Employee**
2. Complete Form in Entirety
3. Obtain Manager Approval
4. Forward to Grants & Contracts (if applicable)
5. Send to acnt-procard@wmich.edu

Contact

Procurement Card Program Administrator
acnt-procard@wmich.edu

Phone: (269) 387-4253
Fax: (269) 387-2937

By completing or signing this application, you are attesting to following all university procurement and travel card procedures and guidelines.

Card Type (Please indicate below with a check in the proper checkbox for the card being applied)

☐ Procurement Card ☐ Travel Card ☐ Hybrid Card (Both Procurement and Travel Card)

For Travel Cards and Hybrid Cards please indicate employee position:

- ☐ Coach, Recruiter or Fundraiser
☐ Requesting an Exception (To request an exception, check this option and indicate the business purpose below)

Business Purpose: _____

Cardholder Credit Limits (Contact Procurement Card Program Administrator for other limits)

Dollar Limit per Billing Cycle (Monthly): \$5,000

Dollar Limit per Single Transaction: \$5,000

Cardholder Information

Employee Name:

Employee WIN Number:

Employee E-Mail:

Employee ID Number:

Department:

Employee WMU Phone Number:

Procurement Card Information

Name on Card:

THIS WILL BE EMPLOYEE'S NAME

Manager Responsible for Approving:

Manager's Email Address:

Manager's Signature:

Second Line Embossing: (21 Character Limit)

Default Fund and Department:

Alternate Fund and Department:

Date:

Grant Projects Only

Designation of reserve account (required). Charges will only be made against a reserve account if a purchasing card transaction cannot be documented as a reasonable and allowable charge against a budgeted grant category.

Reserve Fund and Department:

Authorized Department Administrator Signature:

Date:

Grants and Contracts Signature:

Date:

----- Accounts Payable Use Only -----

Completed by _____ Date Completed: _____