

PROCUREMENT CARD PROGRAM APPLICATION FORM

Instructions <ol style="list-style-type: none"> 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
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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:

Second Line Embossing: (21 Character Limit)

Manager's Email Address:

Default Fund and Department:

Manager's Signature:

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: _____