



**AUBURN UNIVERSITY
AT MONTGOMERY**

**Purchasing Card Application
Cardholder Information – (To be completed by Applicant)**

First Name	Middle Initial	Last Name
Employee 9-number	Date of Birth	Title
Department	Business Phone Number	
Group *	Group Reconciler/ Administrator*	
Monthly Statement Address (Complete Campus Mailing Address)		
City	State	Zip
Applicant Email Address	Reconciler Email Address	

Employee's Signature

Single Transaction Limit: \$5,000, Monthly Credit Limit: \$10,000

Please note that the above limits are the defaults for AUM. If different limits are needed due to nature of job duties, types of purchases, etc., please contact Financial Services.

Unit/Department Head Signature _____ Date _____

Director/Dean/VC Signature _____ Date _____

**Cardholder Information Provided by Program Administrator:
(To be completed by Financial Services)**

Approved Single Transaction Limit _____ Approved Monthly Credit Limit _____

Program Administrator's Signature _____ Date _____

*** Group is typically defined as the Department but could, in some cases, be a Sub-Department. The "Group Reconciler/Administrator" is defined as the employee who prepares the monthly Purchasing Card Reconciliation for that area.**

After completion and approvals, send completed form to Financial Services, 908 Library Tower.