

# MOUNT HOLYOKE

## PURCHASING CARD PROGRAM APPLICATION FORM

### To Be Completed By Cardholder

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Department	Room #	Building
_____	_____	_____
Campus Telephone		
Email Address _____		
_____	999-99-_____	_____
Date of Birth	Last Four Digits of SS#	Mother's Maiden Name
Cardholder's Signature: _____		Date: _____

### To Be Completed By Departmental/Grant Budget Authority

Single Purchase Limit (\$1,000 Maximum)	_____				
Number of Purchases Allowed Per Day (20 Maximum)	_____				
Spending Limit Per Month (\$5,000 Maximum)	_____				
Number of Purchases Allowed Per Month (100 Maximum)	_____				
Default Account Number:	_____	_____	_____	_____	_____
	Company	Accounting Unit	Account	Sub-Account	Activity
Grant Accounts Only - List expiration date of Grant:	_____				
Budget Authority Approval:	_____	Date:	_____		

### To Be Completed By Program Administrator

Date Application Received: _____	Date Application sent to JP Morgan Chase: _____
Date Credit Card Received from JP Morgan Chase: _____	
Visa Charge Card Number: _____	- _____ - _____ - _____
Card Expiration Date: _____	