



REQUEST FOR ISSUANCE OF PURCHASE CARD

Please return to the Business Office

Number of Cards: _____ Supervisor Name: _____ Title: _____ Location: _____
 E-Mail: _____ Phone: _____ Fax: _____

At year-end (12/31), any card with less than two annual transactions may be canceled.

| Business Office Only: Card Number | Name on Card* | Transaction Limit | Monthly Limit | Account Code | | | | Payment netUser ID* | Paymentnet Pass Phrase* | Signature* |
|--------------------------------------|---------------------------------|-------------------|---------------|--------------|----|------|------|---------------------|-------------------------|-----------------|
| | <i>Dept. Example</i> ASB Office | \$500 | \$5,000 | | | xxx | xxxx | N/A | N/A | N/A |
| | <i>Name Example</i> John Doe | \$250 | \$800 | xxxx | xx | xxxx | xxx | Jdoe | 4me2use | <i>John Doe</i> |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

*Shaded, starred columns are only for those requesting a card with an employee name (i.e. "John Doe" instead of "ASB Office").

Supervisor Signature: _____ Date: _____ User ID: _____ Pass Phrase: _____

Business Office Only:

Authorization Signature: _____ Date: _____ Access Level: _____

Order Date: _____ Ordered by: _____ Receive Date: _____ Pick Up Date: _____