



PROCUREMENT CARD INDIVIDUAL CARDHOLDER APPLICATION

DEPARTMENT: _____

FOAP: _____ - _____ - _____ - _____
Fund (required) Organization (required) Account (will not be set as default) Program (required)

Please print clearly. Incomplete or illegible applications will be not processed.

Cardholder's Name: _____
First Middle Last

Last four digits of cardholder's Social Security #: _____

Employee ID# or CC Student ID #: _____

Cardholder's Title: _____

Cardholder's Email Address: _____@coloradocollege.edu

Cardholder's Office Phone #: _____ Cardholder's Cell Phone #: _____

Cardholder's Signature: _____ Date Signed: _____

Department Head (print first & last name): _____

Signature of Department Head: _____ Date Signed: _____

President/V.P./Dean/Director (print first & last name): _____

Signature of President/V.P./Dean/Director: _____ Date Signed: _____

Table with 4 columns: Spending limits (choose one), Procurement Level I, Procurement Level II, Procurement Level III. Rows include Monthly limit and Single transaction limit with corresponding dollar amounts.

Person responsible for approving these transactions: _____

Specify one: [] This Cardholder will reconcile transactions for this card
[] _____ will reconcile transactions for this card