



**Idaho State  
University**

**Cardholder Application**

*Complete all fields*

**Cardholder Information:**

Cardholder Name: \_\_\_\_\_  
*As it will appear on card, including middle initial – maximum 24 characters*

Agency Name: IDAHO STATE UNIVERSITY

University Department: \_\_\_\_\_ Campus: \_\_\_\_\_  
*(Pocatello, IF, Meridian, etc.)*

Mailing Address: 638 E. Dunn Street  
Pocatello, ID 83209 - \_\_\_\_\_  
*Stop Number*

Email Address: \_\_\_\_\_ User Name (4x4): \_\_\_\_\_

Supervisor Name : \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
*Cardholder Signature/Date*

\_\_\_\_\_  
*Supervisor Signature/Date*

**Spending Limits:**

Single Purchase Limit: \$ 2,000

Daily Limit: \$ 6,000

Monthly Limit: \$ 10,000

**Approvals:**

Approver/Manager : \_\_\_\_\_ Reconciler: \_\_\_\_\_

Default/Local Index : \_\_\_\_\_ UBO: \_\_\_\_\_

**For Purchasing Only:**

\_\_\_\_\_  
*Agency Purchasing Card Administrator Signature/Date*