Idaho State University

Cardholder Application

Complete all fields

Cardholder Information:

Cardholder Name: Click or tap here to enter text.

*As it will appear on card, including middle initial – **maximum 24 characters***

Agency Name: IDAHO STATE UNIVERSITY

University Department: Click or tap here to enter text. Campus: Click or tap here to enter text.

(Pocatello, IF, Meridian, etc.)

Mailing Address: 638 E. Dunn Street

Pocatello, ID 83209 - Click or tap here to enter text.

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 PCard Administrator Signature/Date ***Processed By Administrator Signature/Date***