

Idaho State UNIVERSITY

Cardholder Application

Please complete all fields

Cardholder Information:

Cardholder Name: _____
(As it will appear on card, including middle initial - maximum 24 characters)

Agency Name or Division: IDAHO STATE UNIVERSITY

University Department: _____ Campus: _____
(Pocatello, IF, Meridian, etc.)

Statement Mailing Address: 638 E DUNN STREET
POCATELLO, IDAHO 83209 - _____
(Stop #)

E-Mail Address: _____ User Name (Your 4x4): _____

Work Telephone: (_____) _____ - _____ Supervisor's Name: _____
Area code

Cardholder Signature/Date

Supervisor Signature/Date

Spending limits:

Overall Monthly Limit: \$ 10,000

Single Purchase Limit: \$ 2,000

Daily Transaction Limit: \$ 6,000

Approvals

Approver/Manager: _____ Reconciler: _____

UBO: _____ Default/Local Index Code: _____

For Purchasing Only

Agency Purchasing Card Administrator Signature/Date