

Millsaps College Purchasing Card Cardholder Application

Please Print Clearly

To be completed by Cardholder

Cardholder name:	
Date of Birth: ___ / ___ / _____	Social Security Number: _____ - _____ - _____
Department:	Email:
Signature:	Date:

To be completed by Department Administrator

Default GL account number	_____ - _____ - _____
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Cardholder monthly spending limit	\$ _____
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Online Access:

List person(s) needing access to view this account online:	(1)
(2)	(3)

Authorization:

Department Administrator Signature: _____	Dean, Director or Department Head Signature: _____
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For Purchasing Card Administrator Use

Application Received

Signature and Date Processed:
