MONTCLAIR STATE UNIVERSITY
PURCHASING CARD PROGRAM
NEW APPLICATION - CARDHOLDER INFORMATION FORM

Division Name: ________________________________ (Do Not Use Abbreviations)

Department Name: ____________________________ Date: ______________________

Department Address: __________________________

Building Name: ______________________________ Room Number: ______________

Cardholder Name: ______________________________

Title: ______________________________

Office Phone Number: ( ) _____________ E-Mail Address: ______________________

Cardholder Purchasing Limits: (Select Based On Spending Requirements)

Dollar Limit per Transaction: $500.00 Credit Limit per Month: $2,500.00 ___
Dollar Limit per Transaction: $500.00 Credit Limit per Month: $3,500.00 ___
Dollar Limit per Transaction: $1,000.00 Credit Limit per Month: $5,000.00 ___

FMS Card Default Accounts:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Depart. ID #</th>
<th>Account</th>
<th>PC BU</th>
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Add additional account numbers on Part 2 of this application (if applicable).

Cardholder Signature: ____________________________ (Date)

FA’s Approval to Use Account: ____________________________ (Date)

________________________________________
FA’s Signature

Revised: Nov. 8, 2016
All Cardholders must have an authorized Reviewer. Who will be responsible for reviewing the transactions made on your Purchasing Card? Please provide this information below:

Reviewer Name (Print): ________________________________________________

Reviewer Title (Print): ________________________________________________

Reviewer’s Signature: ________________________________________________  (Date)

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P-card Administrator’s Use Only:

Cardholder’s Receipt of Card: ____________________________________________  (Date)

Purchasing Card Administrator Signature: ________________________________  (Date)
New Application – Part 2 – Additional Department IDs

Please provide the following information if:

1) You as an individual cardholder have additional Department IDs from which you are authorized to spend funds.

2) This is the initial set-up of your department/office in Works™.

<table>
<thead>
<tr>
<th>FUND ID</th>
<th>DEPARTMENT ID</th>
<th>DEPARTMENT DESCRIPTION</th>
<th>CARDHOLDERS FIRST NAME</th>
<th>CARDHOLDERS LAST NAME</th>
<th>APPROVERS LAST NAME</th>
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