

St. Lawrence University
Department Purchasing Credit Card Request Form
PLEASE RETURN TO THE PURCHASING OFFICE

_____ **OR** _____
Name **Department**
(If card is to be issued in the name of an employee) *(If card is to be issued in the name of a department)*

Faculty **Staff**

Work Phone #: _____ **Cell Phone #:** _____

Date of Birth: _____ **Employee Saints ID#:** _____
(as shown on SLU identification card)

Email Address: _____

Employee Who Will Be Authorizing Transactions On-line: _____

Cost Center Expenses will be charged to: ____ - _____ - _____ - _____ - _____

All information needs to be filled out to prevent a delay in processing the card.

I request a Corporate Card for Purchasing issued under St. Lawrence University's agreement with M&T Bank. I have read the Cardholder Agreement form attached and agree to comply with the terms and conditions as set out therein. I understand that the card will be revoked if I fail to comply.

Cardholder Name (printed): _____

Cardholder Signature: _____ Date: _____

VP or Dean or Chair Signature: _____ Date: _____

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For Internal Use:

- Create New Account
- Set Card Owner
- Set Allocation Code
- Send Account Creation Email
- Send Card Has Arrived Email

Initials: _____ Date: _____