



Purchasing Card

University of Maine at Fort Kent

Individual Cardholder Application

Date: _____

**Please fill out the top of this form by typing or printing clearly and completely.
Incomplete applications cannot be processed.**

Cardholder's Name (First, MI, Last)		Social Security Number ____ - ____ - _____		Date of Birth
Department Name		Default Acct. Number ____ - ____ - _____		Default Obj. Code _____
Line 1 - Work Address	Line 2 - Work Address		City, State, Zip Code	
Home Phone ()		Work Phone ()		
Cardholder's Title (please print)		Cardholder's Signature		Date Signed
APPROVAL BY PERSON RESPONSIBLE FOR ACCOUNT (as listed on FAST)				
Print Name		Phone	Signature	
			Date Signed	
Approval by Supervisor (if different than above)				
Print Name		Phone	Supervisor's Signature	
			Date Signed	
E-Mail Addresses				
Cardholder's E-Mail Address		Supervisor's E-Mail Address		
Requested Limits				
Single Purchase amt <small>\$2,500 max</small>	Daily Spending amt	Daily Transaction # <small>optional</small>	Monthly Spending amt	Monthly Transaction # <small>optional</small>
\$	\$	#	\$	#

Program Administrator and Chief Financial Officer (office use only)

Approved Limits				
Single Purchase amt	Daily Spending amt	Daily Transaction #	Monthly Spending amt	Monthly Transaction #
\$	\$	#	\$	#
Hierarchy ID: _____		MCC Table <input type="checkbox"/> GEN01 <input type="checkbox"/> TRA02 <input type="checkbox"/> FAC01 <input type="checkbox"/> REST		
Program Administrator's Name (Print) Tamara J. Mitchell		Program Administrator's Signature		Date Signed
Chief Financial Officer's Name (print) John D. Murphy		Chief Financial Officer's Signature		Date