



Confidential Cardholder Application

Section A: Cardholder Information

Business Name: State of West Virginia
 Agency Name: Marshall University
 Tax Exempt #: 55-6000789001
 Spending Unit: _____
 Cardholder Name (print): _____
 Cardholder Address Line 1: _____
 Cardholder Address Line 2: _____
 City, State, Zip Code: _____
 Cardholder Telephone Number: _____

 Agency Purchasing Card Coordinator: Melanie A Gallaher
 Coordinator Telephone Number: 304-696-2212

Section B: Cardholder Purchasing Limits – To be estimated by Cardholder applicant.

Control Restrictions

Credit Limit Per Cycle (\$)
 Single Transaction Limit (\$)
 Number of Daily Transactions (#)
 Number of Monthly Transactions (#)

Section C: Signatures/Approvals

Marshall University agrees to be bound by the terms of the Purchasing Card Agreement, and to be responsible for all charges made by this cardholder, in accordance with the terms of the agreement.

_____	_____
Cardholder's Signature	Date

_____	_____
Supervisor's Signature	Date

Supervisor's Printed Name	

In the event the purchasing card activity log is not received in accounting by the due date, purchases made with this card will be charged to the following defaults:

Fund _____ Orgn _____

_____	_____
Spending Unit Budget Officer	Date

Spending Unit Budget Officer's Printed Name	

_____	_____
Dean or Vice President	Date

Dean or Vice President Printed Name	

_____	_____
Vice President for Finance	Date

_____	_____
Purchasing Card Coordinator	Date