

## Section A: Cardholder Information

Business Name: Agency Name: Tax Exempt #: Spending Unit: Name (First, MI, Last - print): Work Address Line 1: City, State, Zip Code: Work Telephone Number: Work E-Mail Address: State Employee: Employee 901 Number:		State of West Virginia         Marshall University         55-6000789001		
Agency Purchasing Card Coordinator: Coordinator Telephone Number:		Teresa Meddings 304-696-2215		
Section B:	Cardholder Purchasing Credit Limit Per Cycle Single Transaction Limit	Limits (\$) (\$)		
Justification for departmental need of card:				

## 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 is not reconciled by the due date, purchases made with this card will be charged to					
the following defaults: Fund	Org				
Spending Unit Budget Officer Date	Dean, Director or Vice President Date				
Spending Unit Budget Officer's Printed Name	Dean, Director or Vice President Printed Name				
Vice President for Finance Date	Purchasing Card Coordinator Date				