



Confidential Cardholder Application

Business Name: State of West Virginia Agency Name: Marshall University Tax Exempt #: 55-6000789001

Agency Purchase Card Coordinator: Teresa Meddings Coordinator Telephone Number: 304-696-2215

Section A: Cardholder Information

Spending Unit: _____
 Legal Name (First, MI, Last) printed _____
 Work Address Line 1 _____
 City, State, Zip Code _____
 Work Telephone Number _____
 Work Email Address _____
 Are you a State Employee? Yes _____ No _____
 MU ID Number _____
 Supervisor Name _____
 Supervisor Email Address _____
 Supervisor Phone Number _____

Section B: Requested* Cardholder Purchasing Limits

Credit Limit Per Cycle \$ _____
 Single Transaction Limit \$ _____

Justification for departmental need of card: _____

*Limits requested may not be the limits received.

In the event the purchase card activity is not reconciled by the due date, purchases made with this card will be charged to the following defaults: _____ Fund _____ Org

Section C: Signatures/Approvals

Cardholder Applicant Signature Date

Supervisor's Signature Date

Supervisor's Printed Name

Spending Unit Budget Officer Date

Dean/Director/Vice President Signature Date

Spending Unit Budget Officer Printed Name

Dean/Director/Vice President Printed Name

Sr. Vice President for Finance Date

Purchase Card Coordinator Signature Date