

Boston University Purchasing Card Application

Department Name: _____

Default Account #: _____ - _____ - _____
Unit Dept. Object

If you make purchases for Unit-Dept. accounts other than your default, CHECK HERE :

Cardholder's Name (First, Middle Initial, Last):		BU ID#:	
Office Mailing Address:		Date of Birth:	
		Office Phone #:	
City, State, Zip Code:		Home Phone #:	
Cardholder's Position:	E-mail Address:		Fax #:
Standard Spending Authorization Parameters - place X in appropriate box			
Option One <input type="checkbox"/>	Option Two (default) <input type="checkbox"/>	Option Three <input type="checkbox"/>	Option Four <input type="checkbox"/>
\$5,000 Monthly Credit Limit	\$10,000 Monthly	\$ 20,000 Monthly	\$ _____ Monthly
\$1,000 Single Purchase	\$ 1,000 Single Purchase	\$ 1,000 Single Purchase	\$ 1,000 Single
Cardholder's Signature:		Date Signed:	
Dept. Budget Manager/Dept. Head Name (First and Last):		E-mail Address:	
Dept. Budget Manager/Dept. Head Signature:		Date Signed:	
Unit Financial Officer Name (First and Last)*:		E-mail Address:	
Unit Financial Officer Signature:		Date Signed:	
<small><u>Internal use only:</u> Bank: 2120 Agent: 0906 Company: 00906 Rpt1: 00906 **Requires second day maintenance for MCC tables and authorization parameters (single purchase limits)</small>			

*Authorized signer in the business unit to whom your department reports financially. E.g., CAS Finance office, SDM Dean's office, administrative Dean or VP.

Please mail or fax the completed application and agreement to:

Charles River Campus:

PCard Program Administrator
 BU Sourcing

985 Commonwealth Ave., Room 210

Boston, MA 02215

FAX: 617-353-5384