

# PURCHASING CARD REQUEST FORM

## Instructions

Form is to be approved by the Cardholder's Supervisor and forwarded to the purchase card Plan Administrator.

1. Forward completed & signed request form to the Plan Administrator via inter-office mail to Accounting Services – room F104, or via email to [jelena.lukic@mohawkcollege.ca](mailto:jelena.lukic@mohawkcollege.ca).
2. Plan Administrator will approve and submit application for card and contact cardholder when card arrives.
3. Cardholders will be given limits of \$5000 per transaction and \$5000 per month. Higher limits require Supervisor's consultation with the Plan Administrator regarding historical spending data to assess cardholder needs.
4. If requested below, 4 elements of FOAPAL can be setup as a default for ease of data entry: FUND, ORGANIZATION, ACTIVITY, and LOCATION. The cardholder is required to enter the appropriate account code and program code for each transaction. Activity code will default based on the Organization code entered.
5. The Cardholder is asked to identify a "Significant Date". This date will become the "unique identifier" along with the credit card number when calling the bank to discuss the account. This date should be memorable to cardholder for ease of reference.

<b>CARDHOLDER NAME</b> (AS IT IS TO APPEAR ON CARD)		EXTENSION NUMBER	BANNER ID # (9 DIGITS)
EMAIL ADDRESS:	@mohawkcollege.ca		
SIGNIFICANT DATE ( <i>Reference instruction 5 above</i> )	MONTH: _____ MM	DAY: _____ DD	YEAR: _____ YYYY

<b>DEPARTMENT NAME &amp; INTERNAL MAIL ADDRESS</b> (CAMPUS & RM.#)	<b>DEFAULT FOAPAL ELEMENTS</b>			
	FUND	ORGANIZATION	ACTIVITY	LOCATION

<b>COORDINATOR NAME</b> (PERSON DESIGNATED TO ACCESS MILLENNIUM PURCHASING CARD ON CARDHOLDER'S BEHALF)	BANNER USER ID (i.e. Smithj)
EMAIL ADDRESS:	@mohawkcollege.ca

<b>APPROVAL OF REQUEST</b>	
SUPERVISOR NAME (PRINT):	
_____	
SUPERVISOR SIGNATURE	DATE

<b>THIS PORTION TO BE COMPLETED BY PLAN ADMINISTRATOR</b>		
CARD LIMIT PER MONTH	PER TRANSACTION LIMIT	REASON FOR HIGHER LIMIT IF APPLICABLE ( <i>Reference instruction 3 above</i> )
_____		_____
PLAN ADMINISTRATOR SIGNATURE		DATE