

**FLORIDA STATE UNIVERSITY PURCHASING CARD PROGRAM**  
**Commodity Card Cardholder Application**

New Application \_\_\_\_ Cardholder Name Change \_\_\_\_ **E&G/Auxiliary/Vending Default Dept ID/Fund:** \_\_\_\_\_

**C & G Default Dept ID/FundProject:** \_\_\_\_\_ (if using C&G must provide default state budget above!)

(Entire budget #s are required)

**Print Name as you wish it to appear on the Purchasing Card. (Middle name or Initial is not required).**

**Name:** \_\_\_\_\_

Last

First

Middle

**Employee ID Number:** \_\_\_\_\_ **OMNI User Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City, State, Zip+Mail code:** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**FOR PURCHASING DEPT. USE ONLY**

**GROUP NAME:** \_\_\_\_\_

**RECEIVED APP:** \_\_\_\_\_

**TRAINING EMAIL SENT:** \_\_\_\_\_

**TRAINING COMPL DATE:** \_\_\_\_\_

**CARD REQ. - WORKS:** \_\_\_\_\_

**CARD ISSUED** \_\_\_\_\_

**CARD CANCELLED :** \_\_\_\_\_

**Cardholder** - A person designated by an agency to be given a Purchasing Card to make purchases within preset limits, on behalf of the agency. In order to obtain a commodity Purchasing card, your department must have two (2) individuals designated and trained to be proxies for the cardholder. Please provide the names of the two proxies and /or the travel representative and approver in the blanks below:

Proxy: \_\_\_\_\_ Backup Proxy: \_\_\_\_\_

By signing this cardholder profile below, I am in agreement that this cardholder has shown a history of trustworthiness and will fully comply with all the Purchasing Card Program terms and conditions of the Florida State University and Bank of America. I will monitor charges along with the Budget Account Manager to insure compliance with all rules and requirements.

Required Authorization Signature: Name and Title (Dean/Dept Head):(Type or print) \_\_\_\_\_ Signature: \_\_\_\_\_  
(Note: Cannot sign your own application: Must send to supervisor if you are Dean/Dept Head)

Immediate Supervisor: (Type or print): \_\_\_\_\_ Signature: \_\_\_\_\_

As Budget Account Manager, I also acknowledge that The Florida State University VISA Purchasing Card is issued in the individual's name as listed above, and the Purchasing card utilizes unencumbered money. I am in agreement that this cardholder has shown a history of trustworthiness and will fully comply with all the Purchasing Card Program terms and conditions of the Florida State University and Bank of America. I will monitor charges along with the Supervisor and Dean or Department Head to insure compliance with all rules and requirements.

Budget Account Manager (Type or Print): \_\_\_\_\_ Signature: \_\_\_\_\_

I have obtained a copy of the Florida State University Purchasing Card User's Manual and understand my responsibilities and understand that failure to follow the rules and requirements may result in loss of Purchasing Card Privileges.

Cardholder Signature: \_\_\_\_\_ Purchasing Department Signature/Date \_\_\_\_\_