

Departmental Purchasing Card Application



TODAY'S DATE

 New Card Request

 Change Request

Cardholder Information

| | | | |
|-----------------|----------------|-----------|----------------|
| FIRST NAME | MIDDLE INITIAL | LAST NAME | BUSINESS PHONE |
| DEPARTMENT NAME | | | EMAIL ADDRESS |

Standard Limits

Departmental Purchasing Cards have a \$2,500 single transaction limit and a monthly credit limit of \$10,000.

Limit Change Request

In certain cases with a documented business need, limits may be adjusted after additional review and approval from the Office of Finance and Treasury.

 Transaction Limit Change Request Single Monthly

 Temporarily increase transaction limit to \$ _____ until _____

 Permanently increase transaction limit to \$ _____

Business Purpose (Required)

Cardholder Signature and Consent

By signing below you confirm that you have reviewed and agree to comply with University policy and any applicable sponsor restrictions, and understand that card issuance and continued use requires the successful completion of training as well as policy compliance. You also agree that:

1. The cardholder will secure the physical Princeton University Departmental Purchasing Card as well as the credit card number and not share the card, card number, or PIN for use by other individuals to conduct transactions.
2. Any personal expenses deliberately or inadvertently transacted with the Princeton University Departmental Purchasing Card by the cardholder will be reimbursed in a timely manner or deducted from the cardholder's pay.
3. Any unapproved or otherwise unallowable expenses transacted with the Princeton University Departmental Purchasing Card by the cardholder will be reimbursed in a timely manner or deducted from the cardholder's pay.

| | | |
|----------------------|-----------|------|
| CARDHOLDER SIGNATURE | JOB TITLE | DATE |
|----------------------|-----------|------|

Departmental Authorization

By signing below you confirm that you have reviewed and agree to monitor proper use of the Princeton University Departmental Purchasing Card, comply with University policy and any applicable sponsor restrictions, and understand that card issuance and continued use requires the successful completion of training as well as policy compliance.

| | | |
|------------------------------------|------|---------------------------------|
| DEPARTMENT HEAD/CHAIR (PRINT NAME) | DATE | DEPARTMENT HEAD/CHAIR SIGNATURE |
|------------------------------------|------|---------------------------------|

Finance and Treasury Review and Approval for Limit Change Requests

| | | |
|-----------------------------------|------|--------------------------------|
| FINANCE AND TREASURY (PRINT NAME) | DATE | FINANCE AND TREASURY SIGNATURE |
|-----------------------------------|------|--------------------------------|

► **Please send the original, signed form to the Financial Service Center, 7 New South, or finance@princeton.edu.**

 Questions? Contact the Financial Service Center at (609) 258-3080, or email finance@princeton.edu.