



PURCHASING CARD – Employee Application

REQUEST TYPE

Issue Plastic

Account Number (For Bank Use Only)

Do Not Issue Plastic

Additional Comments/Instructions

Loan (for Bank Use Only)

Complete ALL information Fields below Unless Indicated Otherwise

EMPLOYEE INFORMATION

First Name

Last Name

Birthdate (DD-MMM-YYYY)

Embossing

MEMORIAL UNIVERSITY

DEPARTMENT NAME

BUILDING

ROOM #

Replacement Card

Replacing employee

Additional

Reason required

ACCOUNTING CODE/ (20-digit FOAPAL)

City

Province

Postal Code

Home telephone

Employee No.

Business Phone

Monthly Credit Limit

Single Transaction Limit

UNIT INFORMATION (To be completed by the plan coordinator only)

Corporate Billing Information

Company Number Bank Assigned

Division (Numeric)

Department (Numeric)

COMPANY AUTHORIZATION

Employee Signature

Date

Approving Manager (Please Print)

Email

Approving Manager Signature

Date

Plan Administrator Signature (FAS)

Date