

UNION COLLEGE

Credit Card Assignment Request

Department: _____

Dept Account #: _____

Name Requested on Card: _____
Department name if shared card or individual name

Primary Type of Expenses: _____

Justification of Assignment:
*(Why a permanent card is required rather than receiving
a check-out card at time of usage)* _____

Requested Credit Limit: \$ _____

Requested By: _____

Print Name Signature

APPROVALS	
Supervisor/Budget Manager:	
_____ <small>Print Name</small>	_____ <small>Signature</small>
Vice President:	
_____ <small>Print Name</small>	_____ <small>Signature</small>
Vice President for Business & Financial Services:	
Steve Hoskins _____ <small>Print Name</small>	_____ <small>Signature</small>

Business Office Use Only	
Date Received in Office:	_____
Date Request Submitted to PCard vendor:	_____
Credit Limit Established:	_____
<input type="checkbox"/> Added to PCard listing <input type="checkbox"/> Activated card <input type="checkbox"/> Signed CC agreement received <input type="checkbox"/> CC issued	

All usage of Union College credit cards is subject to the policies in the Employee Handbook governing usage of credit cards belonging to the College.