APPLICATION FOR AMERICAN UNIVERSITY
VISA PURCHASING CARD

Personal Information

* First Name: _____

Middle Initial: _____

*Last Name: _____

* Business Phone: _____

*AU Email Address: _____

* AU ID Number: _____

    Date of birth: Month_____

                     Day: _____

                     Year: _____

Supervisor Name: _____

Supervisor Email: _____

Mailing Address Information

 * Department Address   _____

* Street Address: 4400 Massachusetts Avenue NW

       * City: Washington

        * State: DC

        * Zip: 20016

Additional Business Information

Type of Card: _____

(PCard, Travel, Both)

Department Name: _____

G/L Account #   _____

Card Settings

Purchasing Credit Limit ____$2,000.00_____

Single Purchase Limit   __$500.00__

Travel Card Limit   ___$5,000.00___

Employer Conditions

PCard: I agree to use this card for American University departmental approved purchases **only** and agree **not** to charge personal purchases. I understand that the University will audit the use of this card and report any discrepancies.
Should I fail to use this card properly, I authorize American University to deduct from salary that amount equal to the total of the discrepancy. I also agree to allow the University to collect such amount even if I am no longer employed by American University. I understand that American University may terminate my right to use this card at any time for any reason. I agree to return the card to the University immediately upon request or upon termination of employment.

Travel Card: I agree to use this card for American University business travel. I understand that all charges must be according to the current travel policy at AU. I understand that if my request is granted, all amounts will automatically be charged to my budget account number. All receipts should be reconciled with the online statement. All receipts should be retained by the Department for 5 fiscal years. I understand all these terms and agree to abide by them.

Both: I agree to abide by the policies as stated above for the **Pcard and Travel Card.**

_____

Cardholder Signature   **Date**

_____

Supervisor Signature   **Date**