

UNO Purchasing Card Cardholder Application Form

CARD INFORMATION:

Company: University of Nebraska at Omaha
Second Embossed Line: Sales Tax Exempt #05-0292141

PERSONAL INFORMATION:

Cardholder Name: _____
Department Name: _____
Campus Address: _____
City, State, Zip Code: _____
E-Mail Address: _____
Business Phone: _____
Personnel #: _____

POLICY EXCEPTION NEEDED:

CHECK BOX(ES) THAT APPLY

Food
Other ----- Description: _____
Not Applicable

CARD LIMITS:

Spending Limit Per Billing Cycle: \$10,000 Other Amount _____

DEFAULT COST OBJECT (for billing):

Reconciler Name: _____

Phone Number: _____

Cardholder Signature & Date:

Approving Official Signature & Date:
