

# Haverford

## APPLICATION FOR COMMERCIAL CREDIT CARD "HAVERFORD COLLEGE – PROCUREMENT CARD"

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE TELEPHONE NUMBER (Including Area Code): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WORKDAY EMPLOYEE ID: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COST CENTER NAME: \_\_\_\_\_

COST CENTER NUMBER: \_\_\_\_\_

WHO WILL BE RECONCILING YOUR P-CARD TRANSACTION VERIFICATIONS:  
SELF \_\_\_\_\_

ADMIN ASSISTANT/OTHER \_\_\_\_\_ (Delegation in Workday Required)

NATURE OF PURCHASES: \_\_\_\_\_

ESTIMATED FREQUENCY OF USE PER MONTH: \_\_\_\_\_

REQUESTED SINGLE PURCHASE LIMIT (\$1,000-\$2,500): \_\_\_\_\_

REQUESTED MONTHLY LIMIT (\$5,000-\$20,000): \_\_\_\_\_

SIGNATURE OF COST CENTER MANAGER: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

***I have read the Haverford College Commercial Credit Card Program Procedures and agree to comply with them. I understand noncompliance can result in cancellation of my card.***

\_\_\_\_\_ Signature of Employee

**DO NOT EMAIL this application. Send it through campus mail in a CONFIDENTIAL pink envelope (or one that is sealed and labeled "Confidential") or drop it off at the Controller's Office in Stokes 220.**