



PO Box 57510
Salt Lake City, UT 84157-0510
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BRYANT UNIVERSITY

Purchasing Card Cardholder Application - Individual / Department

****For Individual Cards**

****For Department Cards**

OR

First MI Last

Department Name - Do not fill this area in if Card is in the name of an individual

6-Digit Org Code _____

Department Name _____

SSN# *(last 4 digits)* _____

Mother's Maiden Name _____

Date of Birth _____
mm/dd/yy

Phone (Business) _____

Applicant Email _____

@bryant.edu

Home Address:

Street 1 / Apt # _____

Street 2 _____

City, State, Zip _____

(please check one)

Regular Lead Time _____ *(7-10 Days)*

or

Rush Request **\$25 fee** _____ *(3-5 Days)*

Monthly Credit Limit _____

Single Transaction Limit _____

Approver (Name) _____

Title _____

Approver Email _____

@bryant.edu

Level 1: P-Card Purchase

Level 2: Travel Purchase

Level 3: Both P-Card & Travel Purchases

****Print Sheet and Sign**

Applicant Signature Date

Budget Manager Approval Date

Approver Signature Date

Vice President Approval Date

Purchasing Approval Date