

STFX VISA® CARD EMPLOYEE APPLICATION

EMPLOYEE INFORMATION (CARDHOLDER)

Given Name			
Surname			
Department Name			
Dept. Address (incl. Bldg. & Room)			
Default Accounting Code & Sub-Account			
Office Phone		Cell Phone	
Email (@stfx.ca ONLY)		Employee #	

CARD INFORMATION

Card Type	<input type="checkbox"/> Purchasing Card (PCard)		
Request Type	<input type="checkbox"/> Issue Plastics <input type="checkbox"/> Do not Issue Plastics		
Per Transaction Limit \$	\$10,000	Monthly Transaction Limit \$	\$2,500

ADDITIONAL COMMENTS

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AUTHORIZATION/APPROVALS

Employee Signature	_____	Date	_____
Approving Manager's Signature	_____	Date	_____
Card Administrator Signature	_____	Date	_____