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	☐ Purchasing Card (PCard)
Request Type	☐ Issue Plastics ☐ Do not Issue Plastics

Per Transaction Limit $	$2,500	**Monthly Transaction Limit $**	$10,000

ADDITIONAL COMMENTS

AUTHORIZATION/APPROVALS

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