

UNIVERSITY of
NORTHERN COLORADO
UNC VISA CARD APPLICATION FORM

Cardholder Information

Cardholder Name:

Cardholder Signature:

Department Name:

UNC Bear #:

Address Line 1: (Bldg & Room)

Email Address:

Address Line 2: (Campus Box)

Work Phone:

City:

State:

Zip:

To Be Completed by Cardholder's Approving Official

Office of Special Projects (OSP) Approver for Grant:

Approving OSP Signature for Grant:

Mona Castor

Approving Official Name:

Approving Official Signature:

Approving Official Title:

Approving Official Work Phone:

Approving Official Email Address:

Cardholder will need a UNC Visa card for the following:

Credit Limit: \$

(Check all that apply.)

Single Transaction Limit: \$

- Goods and Services only
- Goods and Services, Restaurant/Catering access allowed
- Goods and Services, Travel allowed
- Goods and Services, Restaurant/Catering and Travel allowed
- Travel
- Check this box if this card will have a declining balance applied to it

Enter the default Fund, Organization, Account, Program, Activity and Location for this card: (Required Entry)

FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	LOCATION

Reallocator Information

Reallocator Name:

Reallocator Email Address:

PURCHASING USE ONLY

Purchasing Strategy Assigned: _____

Cardholder Training Date: _____

Purchasing Authorized Signer Approval:

Alta Herndon

Date: _____