



Michigan Technological University

Purchasing Department

228 Administration Building
1400 Townsend Drive
Houghton, MI 49931-1295
906/487-2510 - Fax 906/487-2521

Purchasing Card Agreement

Name of Cardholder: _____

Signature: _____ Date: _____

BANNER Account Index: _____

Department: _____

Ship-To Code: _____

Campus Phone Number: _____

Email Address: _____

You will have access to the Visa Information Management (VIM) web site (www.informationmanagement.visa.com) to view and reallocate charges on your credit card.

Please grant _____ access to the VIM web site to reallocate charges on my card.

Supervisor Approval

Signature: _____

Printed Name and Title: _____

Date: _____

My signature below attests that I have read and understood the Purchasing card procedures and that:

- * I will retain *all* of the purchase receipts for the 3 to 7 year period.
- * I will *not* purchase prohibited items.
- * I will *not* exceed the per-item-limit of \$4,999 including freight.
- * I *do* know and will use my Department's proper shipping address.

Accounting Office Use Only:	
I have received the card and the instructions in person.	
_____ Signature (cardholder)	_____ Date
_____ Witness	_____ Date