



Michigan Technological University

**Purchasing Department**

5th Floor Citizens Bank Bldg  
1400 Townsend Drive  
Houghton, MI 49931-1295  
906/487-2510 - Fax 906/487-2521

**New Purchasing Card Agreement**  
or  
**Revision to Current Purchasing Card Agreement**

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BANNER Account Index: \_\_\_\_\_

Department: \_\_\_\_\_

Ship-To Code: \_\_\_\_\_

Campus Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

You may have access to the Access Online web site (<https://www.access-online.com>) to view statements and to reallocate charges on your credit card.

Please grant \_\_\_\_\_ access to the Access Online 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 \$4,000 including freight.
- \* I *do* know and will use my Department's proper shipping address.
- \* I will obtain my supervisors approval and signature on all statements.
- \* I will reallocate and indicate the who/when/where/why of all travel.

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