

# TRINITY PURCHASING CARD APPLICATION FORM

Cardholder Name \_\_\_\_\_  
(The name as you want it to appear on the credit card)

Department \_\_\_\_\_

Campus Address \_\_\_\_\_

Campus Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Default Department Number/Budget Code for Card:

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**Responsible Supervisor for above accounts:** (ex. Director, Vice President, Manager). This individual cannot be the same person as the cardholder. The Cardholder must point to a higher authority. If the cardholder is on senior staff or otherwise reports to President McGuire the Administrator name below should be **Walter Brooks**.

Supervisor \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

*Return this form to Danielle Madden, Business Office, Room 115*