

Corporate Credit Card Application

Date _____

Name of Applicant _____ SS# _____

Department _____

Name of Supervisor _____

Describe your travel or purchase activities _____

Credit Limit requested: _____

Complete address where monthly statements are to be sent: (Suggested your office address)

Signature of Supervisor _____

Signature of Academic Dean/Vice President _____

Corporate Credit Card Policy

The University recognizes that because of the nature of a department's activities or an employee travel requirements, it might be advisable to have a corporate credit card available. In recognition of this fact and in an attempt to approve obtaining a card only where is a demonstrated need, the following recommendations are made for obtaining and retaining a corporate card.

1. Submit a written request to the treasurer's office giving the following information:
 - A. Detailed description of travel and/or purchase requirements
 - B. Name of employee responsible for the card and the address where the monthly billing is to be sent
 - C. Credit limit request
 - D. Name of supervisor or department head that will review and approve transactions
 - E. Application must be approved by an academic dean or vice president
2. Applicant must have a demonstrated history of financial responsibility
3. The responsible individual is to match original purchase receipts with the monthly billing and obtain his/her supervisor's approval **promptly (ten days before due date)** so that accounts payable can process payment in time to avoid late charge.
4. Personal use **strictly** not permitted (will be basis for forfeiture of card)
5. If in the opinion of the treasurer, an applicant does not warrant approval, the Financial Management Committee will serve as the appeal body if applicant so chooses.
6. **Late fees, finance charges and unaccounted purchases WILL BE CHARGED TO YOUR ID ACCOUNT and if not paid on a timely basis – charges will be deducted from your payroll.**

In consideration of Andrews University providing a corporate credit card for my use, I hereby agree that any late fees, finance charges, or any unaccounted purchases or cash advances made for which documented receipts are not submitted will be my personal expense. I further authorize any of these expenses be deducted from my next payroll check after payment is made to the credit card company.

Signed

Date