

PEPPERDINE UNIVERSITY

MANAGED SPEND VISA CARD APPLICATION

A completed UNIVERSITY CREDIT CARD PROXY REQUEST is required for application processing.

Faculty/Staff

Student

Cardholder Information

Name (Last, First, MI) _____	Campus-Wide ID _____	
Social Security # (last 4) _____	Home Phone _____	Extension _____
Department: _____	Campus _____	
University E-Mail Address _____	Mail Code _____	

Cardholder Authorization Parameters (To be completed by supervisor)

Requested Spend Amount \$ _____	Requested Expiration Date (optional) _____
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Default Accounting Codes (* Indicates required fields ** Indicates required field for schools)

Business Unit	*Fund	*Dept	Account - This card will be used primarily for: (check one)	
PUNIV			<input type="checkbox"/> 515001 (Purchasing)	<input type="checkbox"/> 511001 (Corporate Travel)
*Class	**Program	Product	Project	Operating Unit

I approve the above named individual's request for use of a Managed Spend Visa Card. I understand my responsibilities, as approving manager, as outlined in the University Credit Card Policies and Procedures. I or my named delegate will assume the responsibility for approval of the Managed Spend Visa card activity.

Supervisor (Signature) *Print Name* *Date* *Extension*

Major Area Budget Manager (Signature) *Print Name* *Date* *Extension*

Vice President (Signature) *Print Name* *Date* *Extension*

CFO (Signature) *Print Name* *Date* *Extension*

Internal Use Only:

Request Entered By (Initial) _____	PS Date _____	US Bank Date _____
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