

VISAV PURCHASING CARD



## **EMPLOYEE CARD APPLICATION**

EMPLOYEE INFORMATION				
Middle First Name Last Name Initial  Not to exceed 19 characters in length including space.	Department			
Employee Number	Email Address	Email Address		
Company Name and Business Address  U N I V E R S I T Y O F G U E L P H				
Alias Card Identifier (ie Smith's TF)				
Default Code (must include a dash between coding segments)  Line - Line				
City	Province	Postal Code		
Business Phone Number Extension				
Monthly Credit Limit Single Transaction Limit				
Mariana Co. 200 ag	000 00			
Maximum \$50,000.00 Maximum \$3	,000.00			
Employee Signature	Date	Dean, Director or Chair Signature	Date	
		-		
Employee Name (Print)	_	Dean, Chair, Director (Print)	Extension	
Signature Verified by PCC (Initials)		Brenda Reynolds – Treasury Operations	Date	
Employee Per Human Resources: Yes No				