



NOTE: Procurement cards are only issued to Florida Tech employees. Students are NOT issued procurement cards.

Please provide the following information:

Check type of card: Individual Card Date _____

Index No. _____ Organization _____

Program _____ Fund _____

APPLICANT _____ Banner/Employee ID No. _____

Department _____ Building No. _____

Email _____ Phone Number _____

CARD COORDINATOR _____ Banner Username _____

Email _____ Phone Number _____

Default GL Account Number 72202

DEPARTMENT HEAD: Card Request Justification:

[Empty box for Card Request Justification]

The following signatures are required to process your application:

APPLICANT: SIGNATURE _____

PRINT NAME _____

DEPARTMENT HEAD: SIGNATURE _____

PRINT NAME _____

PURCHASING DIRECTOR: SIGNATURE _____

SPONSORED PROGRAMS (IF APPLICABLE) : SIGNATURE _____

Send Completed Applications to the Procurement Services Attn: Procurement Card Coordinator

Florida Institute of Technology • Procurement Services

Cardholder Information	
Bank Number:	N/A
Company Number:	5511605
Company Name:	Florida Institute of Technology
Name Line 1:	Your Name (individual card)
Name Line 2:	Index#, Org#, Grant#, or Project Name
Address Line 1:	Florida Tech/Department Name
Address Line 2:	150 W University Blvd
City, State, Zip:	Melbourne, FL 32901
Work Phone:	
Social Security Number (required):	(Last 4 digits only)
Hierarchy Name:	N/A
Hierarchy Number:	N/A
Internal Accounting Code:	N/A
Employee ID Number (Eagls-only):	(Employee ID No.)
Parameters	
Credit Limit:	
Single Purchase Limit:	\$5,000
Bypass Corporate Default SPL:	<input type="checkbox"/> Yes <input type="checkbox"/> No
DEFAULT MCC PROFILES (choose groups 1-6):	<input type="checkbox"/> n/a <input type="checkbox"/> Grp1 <input type="checkbox"/> Grp2 <input type="checkbox"/> Grp3 <input type="checkbox"/> Grp4 <input type="checkbox"/> Grp5 <input type="checkbox"/> Grp6
CUSTOM MCCG NAME 1: FITALLOW	<input type="checkbox"/> Include <input type="checkbox"/> Exclude CycleAmt\$ SPL\$ 1499.00
CUSTOM MCCG NAME 2: FITAIRLINE	<input type="checkbox"/> Include <input type="checkbox"/> Exclude CycleAmt\$ SPL\$ (Open)
CUSTOM MCCG NAME 3: FITHOTEL	<input type="checkbox"/> Include <input type="checkbox"/> Exclude CycleAmt\$ SPL\$ (Open)
CUSTOM MCCG NAME 4: FITCAR	<input type="checkbox"/> Include <input type="checkbox"/> Exclude CycleAmt\$ SPL\$ 1499.00
CUSTOM MCCG NAME 5:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude CycleAmt\$ SPL\$
CUSTOM MCCG NAME 6:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude CycleAmt\$ SPL\$
CUSTOM MCCG NAME 7:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude CycleAmt\$ SPL\$
CUSTOM MCCG NAME 8:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude CycleAmt\$ SPL\$
CUSTOM MCCG NAME 9:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude CycleAmt\$ SPL\$
Mailing Instructions	
Issue Plastic:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery Method:	<input type="checkbox"/> Express <input type="checkbox"/> Mail <input type="checkbox"/> Bulk
Send Cards To:	Procurement Services Department, RA Works Building
Name:	ATTN: Carissa Franklin, Procurement Services
Address:	150 W University Blvd
City, State, Zip:	Melbourne, FL 32901
Phone Number:	321-674-8155
Cardholder's Signature (if applicable):	
Authorized By (required):	