

 ${\it NOTE: Expense cards are only is sued to Florida Tech employees. Students are NOT is sued expense cards.}$ 

Please provide the following information:			
Requested Credit Limit	Single Transa	ction Limit \$5,000.00	
APPLICANT		Employee ID No	Last 4 #'s of SSN
Department		Building No	
Email		Phone Number	
DEPARTMENT HEAD:	Card Request Justification:		
The following signatur	es are required to process your ap	oplication:	
APPLICANT:	SIGNATURE	_Date:	
	PRINT NAME		
DEPARTMENT HEAD:	SIGNATURE	Date:	<u></u>
	PRINT NAME		
PURCHASING DIRECTOR:	SIGNATURE	Date:	
SPONSORED PROGRAMS (IF APPLICABLE): SIGNATURE		Date:	

Send Completed Applications to Procurement Services Attn: Expense Card Coordinator