PURPOSE:
☐ New Card
☐ Change
☐ Delete

RENSSELAER POLYTECHNIC INSTITUTE
Purchase/Travel Card Application

For Change or Delete:
Card/Last 4 digits: _____
Reason: _____

Confidential information (RIN, date of birth and mother's maiden name) is required by the bank. You only need to complete this information for new card applications. Transactions are automatically charged to the fund and organization provided below. Return the completed form to the Card Administrator, Purchasing Department, Rice Building, 4th Floor.

CARDHOLDER INFORMATION/LIMITS:

Name: _____ Date of Birth: _____
Mother's Maiden Name: _____ Phone: _____ Dept: _____
Email Address: _____ Campus Address: _____
Rensselaer ID Number (RIN): _____

Default Acctng: _____/_____/_____/_____/_____
fund org acct pgm act

$ Limit/Purch Transaction _____ $ Limit/Purch Cycle: _____
$ Limit/Travel Transaction _____ $ Limit/Travel Cycle: _____
$ Limit/Cash Transaction _____ $ Limit/Cash Cycle: _____

If card authorization is for Purchase transactions only, please enter zero in the travel/cash spending limit fields

I will edit transactions on BANNER Finance Yes☐ No☐ (Note: An approved Banner Organization and Fund Authorization Form is required)

LIAISON/EMAIL - Name up to two individuals (Financial Manager, Supervisor, Co-worker) as backup for reconciling detailed charges in the cardholder's absence. Please note if they are a Banner user and if they will edit transactions on BANNER Finance.

	NAME	ADD/DELETE	RIN	DEPT	EMAIL	PHONE	EDIT?
1							
2.							

The cardholder agrees to comply with all policies and procedures governing the use of The Card. The application must be signed by the cardholder's supervisor and someone with spending authority, indicating review and approval of the information submitted.

	Cardholder Name	Cardholder's Supervisor	Authorized Signature
Signature:			
Type/Print Name:			
Date Signed:			

_____Verification-Authorized Signer has spending authority (Purchasing Use Only)