



Purchasing Card Application

University of Southern Maine

A Member of the University of Maine System

J.P. Morgan Chase & Co.

Employee Information (Complete ALL information in this section- identified in Green)

(Please type or print clearly and completely. Incomplete applications cannot be processed.)

Name (First MI Last)

Department Name

Home Address

City

State

Zip

Home Phone

Business Phone

Statement Mailing Address: Home Business

Mother's Maiden Name

PeopleSoft Employee ID

Cardholder's Supervisor

Print Name

Phone No.

Supervisor's E-Mail Address

Purchasing Card Coordinator

Print Name

Phone No.

Coordinator's E-Mail Address

Independent Reviewer (Optional)

Print Name

Phone No.

Independent Reviewer's E-Mail Address

Department Requested Limits

Monthly Credit Limit:

\$ 2,500.00

Single Transaction Limit

\$ 1,000.00

Company Information (Complete the Chartfields below and sign this form.)

University of Southern Maine

Company Name

POB 9300

Company Address

Portland ME 04104-9300

City

State

Zip

Chartfields

Bus Unit	Department	Fund	Account	Class	Program	Proj/Grant	Oper Unit
UMS06							

Univ. of Southern Maine

MCC Group

Single Transaction Limit

Monthly Credit Limit

Second Line of Embossing

Employee / Approval Signatures (Complete e-mail address and obtain signatures)

Signature of Applicant/ Date

Signature of Person Responsible for Department
Budget (if different than Supervisor)

Date

Applicant's E-Mail Address:

Cardholder's Supervisor	Supervisor's Signature	Date Signed
Program Administrator's Name Gregg N. Allen	Signature	Fax No. 207-780-5005 Phone No. 207-780-5097
Chief Financial Officer's Name Richard R. Campbell	CFO'S Signature (obtained via Business Services)	Date Signed

DEPT ID:

HIERARCHY:

Revised 11/16/05