

ROCHESTER INSTITUTE OF TECHNOLOGY JP MORGAN CHASE PROCUREMENT CARD APPLICATION

A. Cardholder Account Information

Last Name	First Name	Middle Initial
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College or Department	Rochester	NY	14623
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RIT Mailing Address	City	State	Zip
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RIT Telephone Number	Fax Number	E-Mail Address
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RIT 24 digit general ledger account number* End Date (if a grant or contract)
 *all charges made on the card will be billed to this account number

B. Paymentnet Internet Reporting System

1. Will you require access to the Paymentnet internet based reporting system to view transactions and make account number changes? Yes: _____ No: _____
2. If you answered "Yes", please provide your RIT DCE account number: _____
3. If you answered "No", please provide the name of the person in your department who will be reviewing your transactions on-line: _____

C. Requested Cards Limits

1. Indicate per transaction amount _____ (can not exceed \$1499.99)
2. Indicate monthly limit requested _____ (\$2500 suggested limit)*
 *if monthly requested limit is ≥\$5,000 attach a memo of explanation

D. Authorized Signatures (must be one level of management above cardholder)

1. **Approving Supervisor** (Individual who will approve cardholder's monthly statement)

Name	Title	College/Department
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Signature	Date
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2. **Budget Authority, if different from above (Dean, Director, Department Head, VP)**

Name	Title	College/Department
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Signature	Date
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