

**Regions Purchasing Card Request**

**Samford University**

Department \_\_\_\_\_

**Cardholder Information:**

Name \_\_\_\_\_

Cardholder Banner ID # \_\_\_\_\_

Department Name on card \_\_\_\_\_

Index Code \_\_\_\_\_

Business Phone (205) \_\_\_\_\_

Cardholder Email \_\_\_\_\_

Supervisor Email \_\_\_\_\_

**Controls and Spending Limits:**

Travel Allowed \_\_\_\_\_ YES \_\_\_\_\_ NO

Travel \*\*\*\*\* \$8000.00 PER MONTH / HOTELS, MEALS, RENTAL CARS, AIRLINE TICKETS.

Retail\*\*\*\*\* \$2000.00 PER MONTH/ Three transactions per day up to \$1000.00 per transaction.

BUDGET HEAD SIGNATURE \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**

**PURCHASING OFFICE**

**SAMFORD HALL ROOM 301**

**ATTN: JULIE MYERS OR MONICA SUN**