

Purdue Research Foundation Commercial Card Application

Name on Card: _____ (printed)

Dept. Name and Number: _____ Campus Building: _____

Email Address of Cardholder/Responsible Person: _____

- The Purdue Research Foundation Commercial Card is intended for purchases that comply with the Purdue Research Foundation School Discretionary and Institutional Program Funds Guidelines, most recently dated November 2003.
- Business expenditures that are unallowable on PRF funds result in reimbursement of charges by the employee and possible cancellation of the PRF Card. Personal expenditures will result in reimbursement of charges and/or disciplinary actions that can include suspension, termination, and prosecution under state and federal laws.
- If the card is lost or stolen, the cardholder has the responsibility to notify the Bank immediately, and then their Business Office, and the PRF Card Manager. Failure to adhere to procedures may result in revocation of cardholder privileges.

As holder of this Purdue Research Foundation Card, I agree to accept responsibility for the protection and proper use of the card as detailed above, and in the Cardholder Agreement.

Cardholder Signature: _____ Date: _____

Phone#: _____ Date of Birth*: _____

Access Code* (last 4 of SSN): _____

(*May be used by the Bank for over-the-phone identification only.)

As dean, director, or department head, I approve the issuance of a Purdue Research Foundation Card to this staff member and assume all responsibility for the card.

Intended Card Use: Discretionary Fund Transactions

PRF Account Number: _____ Name: _____

Email Address for Card Statement: _____

Single Transaction Limit: \$ _____ (Maximum limit of \$3,000 for Department Card / \$2,500 for Individual Card)

Spending Limit per Cycle: \$ _____ (Maximum limit of \$6,000 for Department Card / \$5,000 for Individual Card)

Name Printed: _____

Signature: _____ Date: _____

(Business Manager's signature, Recommending)

Name Printed: _____

Signature: _____ Date: _____

(Dean/Director/Department Head's signature, Approving)

Signature (acknowledge receipt): _____ Date: _____

(PRF Card Manager)

Return via campus mail to: PRF Card Manager, PRF/KPTC