



**The University of Houston-Downtown Procurement Card Program  
Cardholder Application/Approval Form**

Check One: \_\_\_\_\_ New: \_\_\_\_\_ Change (Only complete fields to be changed)

**Cardholders Information (Please Print Information Use Black Ink)**

Cardholder/Applicant Name: \_\_\_\_\_

Agency Name: 00784 University of Houston-Downtown (Corporation No. 4839)

Employee ID: \_\_\_\_\_ Title: \_\_\_\_\_

College/Division: \_\_\_\_\_ Department: \_\_\_\_\_

Dept. Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does Applicant have Payroll Direct Deposit? \_\_\_\_\_ If not, application will be denied.

**Business Contact Information**

Name: \_\_\_\_\_ Extension: \_\_\_\_\_

**Cardholders Controls (Required unless specified)**

Monthly Limit (CSL) \$15,000 Single Purchase Limit (SPL) \$5000

Please indicate if food access is required \_\_\_\_\_yes \_\_\_\_\_no

Default Cost Center (Required):

BU \_\_\_\_\_ Fund \_\_\_\_\_ Dept. ID \_\_\_\_\_ Program \_\_\_\_\_ Project \_\_\_\_\_

**Cardholder Approvals**

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College/Division Admin Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Procurement Card Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Forward original form to Procurement Card Administrator/Coordinator, One Main Street, Suite S970, Houston, TX 77002-1001