



**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.

College/Division Administrator (CDA) or Designee 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