



## UNIVERSITY OF KENTUCKY PURCHASING CARD APPLICATION

### EMPLOYEE INFORMATION

Card Applicant's SAP Person ID \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Business Street Address (Department Name) \_\_\_\_\_

Address 2 (Room and Building) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Business Phone Number

City \_\_\_\_\_

State \_\_\_\_\_

Zip and speed sort \_\_\_\_\_

Cardholder's Email Address \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Cardholder Department Number \_\_\_\_\_

**Airline Tickets on card:** \_\_\_\_ Yes \_\_\_\_ No

**Procard Editor 1 (SAP User ID)** \_\_\_\_\_

**Auto Rental on card:** \_\_\_\_ Yes \_\_\_\_ No

**Procard Editor 2 (SAP User ID)** \_\_\_\_\_

**Hotel Lodging on card:** \_\_\_\_ Yes \_\_\_\_ No

**Procard Editor 3 (SAP User ID)** \_\_\_\_\_

If this application is to add travel to an existing card, provide last 4 digits of card# \_\_\_\_\_

### COMPANY INFORMATION

#### ACCOUNTS PAYABLE 331 SERVICE BLDG

Company Address \_\_\_\_\_

**LEXINGTON**

**KY**

**40506-0005**

City

State

Zip

Monthly Credit Limit \_\_\_\_\_

Primary Cost Object \_\_\_\_\_

Secondary Cost Object \_\_\_\_\_

MCC Group (Include \ Exclude) \_\_\_\_\_

Single Transaction Limit \_\_\_\_\_

Second Line of Embossing (Dept Name) \_\_\_\_\_

Transaction Per Day \_\_\_\_\_

Transactions per Month \_\_\_\_\_

Hierarchy Level \_\_\_\_\_

Hierarchy ID \_\_\_\_\_

### EMPLOYEE / APPROVAL SIGNATURE

Signature of Applicant / Date \_\_\_\_\_

Procurement Card Administrator/Date \_\_\_\_\_

Approving Supervisor Name (Please Print) \_\_\_\_\_

Email Address \_\_\_\_\_

Approving Supervisor Signature and Date \_\_\_\_\_

Approving Dean/Administrative Officer Name (Please Print) \_\_\_\_\_

Email Address \_\_\_\_\_

Approving Dean/Administrative Officer Signature/Date \_\_\_\_\_