

**MIAMI DADE COLLEGE
REQUEST FOR PURCHASING CARD
BUSINESS AFFAIRS**

Name: _____ Title/Position: _____

Department: _____ Telephone: _____

Campus: _____

I am requesting a purchasing card for the following reason(s):

REQUESTED BY:

SIGN HERE

Signature Date

AGREEMENT:

By signing this form I am agreeing to serve as the authorized approver as listed above under the College's Purchasing Card Program. I agree to further perform this duty under the terms and conditions as described in the Purchasing Card User Manual. These duties include, but are not limited to reviewing the cardholder's card activity and approving all justified charges for payments. In cases where the charges are not justified, I will work with the cardholder, the card administrator and/or other appropriate personnel of the College to resolve any unjustified charges, including recommending the termination of privileges as appropriate.

SIGN HERE

Approver Signature (Supervisor) Date Title

Name Printed Telephone Campus/Department

SIGN HERE

Campus President/Vice Provost/Provost Signature Date Name Printed