



Central New Mexico Community College

PROCUREMENT CARD CARDHOLDER APPLICATION

Cardholder Name: _____ Department: _____

Social Security Number: _____ Phone: _____
(Last 4 digits)

Email Address: _____

Procurement Card Default Cost Account Number: _____

Additional Cost Accounts (Operational account required for contracts or grants expenditures deemed unallowable):

_____/_____/_____ Control Agent (C & G)
Signature:_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

Monthly Spending Limit: _____ Card Expiration
Date (C & G): _____

Cardholder: _____/_____
Signature Print Name Date

We, the undersigned, request the above individual be issued a Procurement Card based on the above information. In addition, we have read and agree to comply with the Procurement Card Administrative Directive.

Dean/Department Head: _____/_____
Signature Print Name Date

Supervisor/Control Agent: _____/_____
Signature Print Name Date

Pre-Audit (Business Office): _____/_____
Signature Print Name Date

Program Manager: _____/_____
Signature Print Name Date

Business Office Contracts and
Grants Approval (if applicable): _____/_____
Signature Print Name Date