



M&T COLLEGE CORPORATE CARD APPLICATION FORM

EMPLOYEE INFORMATION

Last Name: _____ MI: _____ First Name: _____

Department: _____ Job Title: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Banner ID: _____

Employee Type: ☐ Staff ☐ Faculty

Department Budget Organizational Code(s): _____

Card Purpose (Check one): ☐ Commodities: ☐ Commodities and Travel

Monthly Credit Limit: ☐ \$2,500 ☐ Other \$_____ (Provide Justification below):

APPROVAL INFORMATION

Requestor Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Dean/VP Signature: _____ Date: _____

Purchasing Agent Signature: _____ Date: _____

Receipt of your completed application will be acknowledged via email. Please allow 7-10 business days for delivery of card from the day the card order was processed. Another message will be sent when your new card arrives and is ready to pick up in the Purchasing Office.