Earlham College – US Bank Credit Card Request Form

Check one: ☐ New Card ☐ Existing Card – Change of Information ☐ Change of Limit
*only required areas

Employee Name*: _____ _____
(First, Middle Last. **Must be Full Legal Name**) (Preferred Name)

Date of Birth: _____ Last 4 digits of Social Security Number _____
(MM/DD/YY)

Home/Cell Phone: (___) _____ Work Phone: (765) _____

Earlham email address: _____ Cardholder EC Department* _____

Purpose for Card: Check One: ☐ Travel Expenses ☐ Department Purchasing ☐ Both

Amount approved for spending limit*: _____

☐ Temporary Date Beginning*: _____ Date Ending*: _____ ☐ Permanent

Authorized budget numbers for charging: _____

Budget Manager Signature*: _____

Please complete the above information and submit for approval to the Accounting Office.
Please allow 2-3 weeks from the time of request to card issue.

VP Finance-Administration/Controller Signature*: _____ Date: _____

~Administrative and Accounting Use~

Division:		Card requested:	
Department:		Card Received:	
Default Org:		Notified:	
Default Acct:		Delivered/picked up:	
		Added to ListServ:	

Completed by: _____Date: _____

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