

Earlham College – First Financial Bank Credit Card Request Form

Check one: New Card Existing Card – Change of Information Change of Limit

Employee Last Name: _____ First Name: _____
(Legal Last Name) *(Legal First Name)*

Employee Preferred Name: _____ Date of Birth: _____
(MM/DD/YY)

Employee’s Job Title: _____

Last 4 digits of Social Security Number _____ Earlham Employee ID # _____
(Located on College ID)

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 Limit

Is Cardholder a Budget Manager? _____

Authorized budget numbers for charging _____

Supervisor Name and Title (Who will approve Credit Card Reports?): _____

Budget Manager Signature: _____

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

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.

Earlham EIN # 35-0868073

~Administrative and Accounting Use~

CHROME	NUMBER		
FUND		Person entered in Chrome:	
ORG.		Card ordered:	
PROGRAM		Card received:	
		Card Picked up:	