

Date: _____

Cardholder Name: _____
First Last

Email Address: _____ @simmons.edu

Office Address: 300 The Fenway, Boston, MA 02115

Office Location: _____

Department Name: _____

Employee ID#: _____

Office Phone #: _____

Mobile Phone #: _____

Date of Birth: _____

Mother's Maiden Name: _____

SS# (last 4 digits only): _____

Standard Limits: Purchasing/Travel (dual purpose) Corporate Credit Card

Monthly Limit: \$5,000, Transaction Limit: \$2,500, 8/day

Criteria for Eligibility:

- Primary Budget Holder
- Primary Departmental Purchaser
- Traveler for the University
- Need for "Point of Purchase" transactions (In person purchases, non-business hours)

By signing this application, the employee acknowledges that they have read and will adhere to all regulations detailed in the Simmons' Business Expense, Purchasing, and Corporate Credit Card policies (found [here](#)):

Employee Signature: _____

Supervisor Signature: _____

University Strategic Team (UST) Signature: _____

Complete and return to the Office of Purchasing or email to purchasing@simmons.edu