



College Corporate Card Application Form

Workday Expense Report Reconciliation

New Card

Change (Only complete fields to be changed)

Delete/Close

CHECK CARD TYPE INFORMATION

PROCUREMENT CARD ONLY: _____

PROCUREMENT & TRAVEL CARD: _____

CARDHOLDER INFORMATION

Cardholder Name _____

Smith Employee ID: _____

Name Line 2 Smith College

Date of Birth: _____

Smith College Address Line 1 _____

Smith College Address Line 2 _____

City Northampton State MA

Zip Code 01063

Work Phone (413) 585- _____

OFAC Regulation Requirement for verification purposes only:

Home Address # and Street: _____

City, State and Zip Code: _____

Default Cost Center: _____ Will cardholder be reconciling your own card in Workday? Yes No

If no, name of delegate in Workday: _____

SIGNATORY APPROVAL

Supervisor Print Name _____ Title _____

Supervisor Signature _____

Cardholder Print Name _____

Cardholder Signature _____ Date _____

PROCUREMENT DEPARTMENT - CARDHOLDER CONTROLS

*CARDHOLDERS: PLEASE REMEMBER YOUR COLLEGE CORPORATE CARD LIMITS

*Credit Limit (CSL) \$20,000.00 *Single Purchase Limit \$5,000.00

Authorizations per day 10 Transactions per cycle 230

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