

Cardholder Information

Cardholder Name: _____
(23 character maximum, including spaces and hyphens)

Department: _____

E-mail Address: _____@coloradomesa.edu

Work Phone Number: _____

Banner ID #: 7 0 0 - ____ - _____

Banner Organization Code used for majority of purchases: ____

Primary use for card (please check one): Travel Purchasing

Cardholder Limits

Monthly Spending Limit: \$ _____ Single Purchase Limit: \$ _____
(Maximum \$15,000) (Maximum \$5,000)

Cardholder Signature

Cardholder Signature: _____ Date: _____

Department Authorization

I authorize and approve the individual names above to receive a Colorado Mesa University OneCard.

I acknowledge the this department is liable for all charges made on a OneCard before the card is cancelled or reported as lost or stolen to U.S. Bank.

Signature: _____ Date: _____

Name: _____ Title: _____

Complete all information and return to Procurement and Payment Services.

Office Use Only:

Date Card Ordered: _____ Training Date: _____

Date Access Online Profile Setup: _____