

CARDHOLDER ENROLLMENT FORM - CITY OF WEST ALLIS PURCHASING CARD

The following City of West Allis Employee has been approved to receive a City of West Allis Purchasing Card.

Cardholder Information

(1) Cardholder Name: _____ (26 characters)

(2) Cardholder Department: _____

(3) Social Security Number: _____ (last 4 digits only) (4) Telephone #: _____

(5) Monthly Credit Limit*: \$ _____ (6) Single Transaction Limit: \$ _____

*Can be no greater than number of transactions per cycle x single transaction limit, and should not be greater than Department budget.

(7) Number of Transactions: ___ per day ___ per cycle (monthly)

(8) Designated GL Account Number for P-Card purchases: _____

(9) I would like my purchasing card number set up as the credit card account on my _____
on-line account. Yes ___ No ___

(10) Signature _____ Date: _____

Please obtain the appropriate signatures before returning this form to the Controllers Office.

Authorizations

Department Head Signature _____ Date: _____

(For use by Controllers Office only)

Purchasing Card Coordinator _____ Date: _____

Authorized Approving Individual _____ Date: _____

Authorized Approving Individual _____ Date: _____

Phone (414) 302-8300 Fax: (414) 302-8321