

# Broward Community College

## Procurement Card Application

**PLEASE PRINT OR TYPE**

**Organization Number (Qual 1)**

**Department Name**

**Applicant Name**

**Mother's Maiden Name**

**Campus Address**

**City, State, Zip**

**Business Phone**

Credit Limits		<i>Please Indicate</i>	
Monthly	Single Purchase	Transaction Types	
\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px; text-align: center;" type="text" value="749.99"/>	<input style="width: 100px;" type="text"/>	Educational Materials
Daily		<input style="width: 100px;" type="text"/>	Equipment
\$ <input style="width: 80px;" type="text"/>		<input style="width: 100px;" type="text"/>	Maintenance/Vehicles
# of Transactions:	Monthly <input style="width: 80px;" type="text"/>	Daily <input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>
			Other
		<input style="width: 100px;" type="text"/>	Services
		<input style="width: 100px;" type="text"/>	Supplies

Signed \_\_\_\_\_  
Applicant

Signed \_\_\_\_\_  
Department Head

Signed \_\_\_\_\_  
Dean/Provost

Applicants will not be issued card until completion of training required by our agreement with the Card issuer and have signed the Cardholder Agreement