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DQG 3URFXUHPHQW 6HUYLEFHV

0XUUD\ 6WDWH 8QLYHUVLW\
3XUFKDVLLQJ &DUG 3URFHGXUHV

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&DUG &DQFHOOOWLRQ

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- x \$ L U I D U H
- x % R R N V
- x & R P S X W H U V
- x (T X L S P H Q W
- x / R F D O P H D O V L I D O O R Z H G S H U W K H ([S H Q G L W X U H 5 H J X O D W L
- x 2 S H U D W L Q J 6 X S S O L H V
- x 7 U D Y H O U H O D W H E G D E K D U J H F R Q X F I K H O F W H O H F I K D U J E W U I D O U S R U W
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- x \$ O F R K R O L F E H Y H U D J H V
- x \$ P P X Q L W L R Q V Z H D S R Q V
- x \$ Q \ U H S R U W D E O H S D \ P H Q W V I R U H B M G E H D O O H J D O R U F
- x \$ S S O L F D W L R Q V P H G L D G R Z Q O R D G V V R I W Z D U H H E R R N V
- x % X \ L Q J R I I S U L F H F R Q W U D F W V F R Q V X O W O L V W R I D Y D L O D E C
- K W W S F D P S X V P R U Q D V W W S U R F X I G X P D O R G S \ B \$ W R E \ \$ B I
- x & D V K D G Y D Q F H V
- x & H O O S K R Q H V S K R Q H F D U G V
- x & R Q W U L E X W L R Q V G R Q D W L R Q V
- x & R Q W U R O O H G V X E V W D Q F H V S U H V F U L S W L R Q G U X J V
- x * D V R O L Q H ± X Q O H V V I R U U H Q W D O Y H K L F O H
- x * L I W F D U G V R U J L I W F H U W L I L F D W H V
- x , Q V X U D Q F H
- x 2 Q F D P S X V S X U F K D V H V
- x 3 H U V R Q D O S X U F K D V H V
- x 3 U L Q W L Q J F R S W Q Q J S X L Q W L Q J ± S U R B B G K W H R Q D O G H W D L O V
- x 3 X U F K D V H V U H T X L U L Q J D F R Q W U D F W
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)RU 4XHVWLRQ DERXW \$SSOLFDWLRQV &DUG &KDQJHV

)RU 068)RXQGDWLRQ &DUGV

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\$33(1',; ±)2506 VHH EHORZ

MILITARY STATE UNIVERSITY

PURCHASING DEPARTMENT

APPLICATION TYPE

New Card
 Fuel Card
 Department/ Rental Card

Change Credit Limit
 Change Information
 Cancel Card

CONTACT INFORMATION:

Applicant: _____

Employee Title: _____ Faculty _____ Staff _____ Title: _____

Campus Phone: _____ Campus Address: _____

Campus Fax: _____ Campus Email: _____

CARD INFORMATION:

MSU ID CARD NUMBER: _____

\$3,000 (University/Departmental)
 \$500 (Foundation)

(Justification Required)

Date of Birth: _____ Employee's M#: _____

CERTIFICATION STATEMENT:

Cardholder Applicant _____ Date _____

Financial Manager (if different than Cardholder) _____ Date _____

Supervisor (if different than Financial Manager) _____ Date _____

MSU Approval Required (Signature) _____ Date _____

ASSET INFORMATION FORM

Only For Use When Purchasing an Asset on a Purchasing Card

ASSET
NUMBER

1. COMPLETE SHADED AREAS.
2. SEND ORIGINAL ASSOCIATED INVENTORY ACCOUNT BILL*, ASSET INFORMATION FORM, AND RECEIPT/INVOICE

ROOM

DEPT

BLDG

MANUFACTURER'S
NAME

MODEL

SERIAL
NUMBER

100100

00111100

VENDOR NAME

LAST FOUR DIGIT

ACQUISITION

ORIGIN

SPARKS HALL

QUESTIONS

