

Research Foundation

Procurement Card Application

First Name:	Middle Initial: ַ	Last Nam	e:	_
Please mark if you w	rould like your credit card	d to include yo	our middle initial	
UIN / RFID #				
Department:		·····		_
Business Address:				_
				_
 Telephone:	E-mai	il:		_
Request is hereby made for a University Research Foundati card is for the sole purpose of discretionary purchases admi	on (ODU RF) Procurement f small dollar procurement	ent Card Prog	ram. It is understood that th	
Amount Requested:				
Guarantee Account Number:_ Must be a discretionary accou		red program a	acct (grant or contract)	
Account Type (check one):				
Discretionary (Individual)	Departmental (D	ept/College)	Overhead (Center)	
Authorized Signature for Guar	rantee Account			
Authorized Signature of Cardl	nolder			_
Date:				