



Procurement Card Application

First Name: _____ Middle Initial: ___ Last Name: _____

Please mark if you would like your credit card to include your middle initial

UIN / RFID # _____

Department: _____

Business Address: _____

Telephone: _____ E-mail: _____

Request is hereby made for a Bank of America – VISA credit card under the Old Dominion University Research Foundation (ODU RF) Procurement Card Program. It is understood that this card is for the sole purpose of small dollar procurements on sponsored program, cost center and discretionary purchases administered by ODU RF.

Amount Requested: _____

Guarantee Account Number: _____

Must be a discretionary account. Cannot be a sponsored program acct (grant or contract)

Account Type (check one):

___ Discretionary (Individual) ___ Departmental (Dept/College) ___ Overhead (Center)

Authorized Signature for Guarantee Account _____

Authorized Signature of Cardholder _____

Date: _____