



WSSU

T-CARD ENROLLMENT FORM (Commercial Card Application)

INSTRUCTIONS: Please type or print using black ink. Complete all information. Incomplete forms will be forwarded back to the Department Head. Forward original application to: T-Card Administrator – Disbursement Services – 1604-B Lowery Street. **The cardholder must be a permanent employee of WSSU, unless approved by Disbursement Services.**

CARDHOLDER INFORMATION

Name _____ Title _____

E-mail Address _____ Telephone () _____ Banner ID # _____

Campus Mailing Address: Department _____ Building & Room # _____

City/State/Zip _____

Cardholder Limits	Single Transaction Limit	\$ 2,500.00
	Daily Transaction Limit	\$ 5,000.00
	Monthly Credit Limit	\$ 10,000.00

Date

Signature of Cardholder

DEPARTMENT RECONCILER FOR THIS ACCOUNT **(IF DIFFERENT FROM CARDHOLDER)**

Name _____ Title _____

E-mail Address _____ Telephone () _____ Banner ID # _____

Campus Mailing Address: Department _____ Building & Room# _____

City/State/Zip _____

Designated Fund Numbers(s) _____

Note: Please notify Disbursement Services when grants have expired or when there is a change in grant fund numbers.

SIGNATURES:

Date

Printed Name of Department Head

Date

Signature of Department Head

Date

Printed Name of Vice-Chancellor/Provost/Chancellor (whichever is applicable)
(Required ONLY when the Cardholder is the Department Head)

Date

Signature of Vice-Chancellor/Provost/Chancellor (whichever is applicable)
(Required ONLY when the Cardholder is the Department Head)