

**VISA PURCHASING CARD SETUP INFORMATION**

**(NOTE - DO NOT HAND WRITE)**

Cardholder Name: \_\_\_\_\_  
**(The name as you want it to appear on the credit card)**

Organizational Unit: \_\_\_\_\_ Bi-Weekly Credit Limit: \$\_\_\_\_\_

Campus Address: \_\_\_\_\_ **Note: The maximum limit is \$3,000.**

Campus Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

DEPT # FOR CARD:  
Fund    Department    Program    Project

\_\_\_\_\_

**Responsible Administrator for above funding accounts (i.e. Chair, Dean, Director) This individual cannot be the same person as the cardholder.**

Administrator: \_\_\_\_\_

Unit Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator

Transaction Approver:  
(if different from Administrator)

**Return completed form to Bree Oliver, Administrative Services, Dempsey 236, x0405 [oliverb@uwosh.edu](mailto:oliverb@uwosh.edu)**