



## Cardholder Application

**Please note: Applications for Students Require a "Student Application Form"**

**One Card Program**

### Cardholder Information

Cardholder Name: \_\_\_\_\_ CWID: \_\_\_\_\_  
 Department: \_\_\_\_\_ Office Location: \_\_\_\_\_  
 Campus Phone: \_\_\_\_\_ Campus Email: \_\_\_\_\_

### Card Defaults

Cycle Credit Limit: \_\_\_\_\_ (Max \$20,000)      Single Purchase Limit: \_\_\_\_\_ (Max \$4,500)

Event Card Exception: \_\_\_\_\_ (Yes/No)

### Expectations of Cardholder

**Please review the One Card handbook for appropriate uses. Specific procedures regarding One Card Applicants include but are not limited to:**

**Appropriate Uses:**

Only used for authorized expenditures  
 Expenditures will be made to benefit the School

**Inappropriate Uses:**

Personal Transactions  
 Transactions not authorized by Approving Official

**Other Requirements:**

All required documentation will be included in an expense report in TEM and submitted to the Approving Official in a timely matter  
 One Card must be surrendered to your Approving Official when employment is terminated

### Cardholder Acknowledgment & Certification of Signature

I understand that I am permitted to make only those purchases that are in compliance with the School's policies and procedures including but not limited to:

**Financial Policies**

**Procurement Rules**

**Direct Charge Policies**

I also understand that the One Card is the property of the Colorado School of Mines, assigned to me by my Department and that at any time my Department Head or the One Card Administrator can decide that I no longer may use the card. I also understand that before I will be given the One Card I must complete a training given by the One Card Administrator.

_____	_____
Cardholder Signature	Date
_____	_____
Approving Officials' Signature	Date
_____	_____
Approving Officials' Printed Name	Date

### For Official Use Only

Date Submitted to the Bank: \_\_\_\_\_ FTMCARD: \_\_\_\_\_  
 Division: \_\_\_\_\_ Department: \_\_\_\_\_