



**SAINT MICHAEL'S COLLEGE**

**REQUEST TO BORROW A PURCHASING CARD**

**Submit to: Purchasing Department – Salmon Hall, Room 102, SMC Box 261, Ext. 2612, Fax 2331**

*(All blanks must be filled in and signed to be considered)*

Date of Request \_\_\_\_\_

Person responsible for use of card \_\_\_\_\_

SMC Box No. \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

What Department/Club etc. \_\_\_\_\_

Reason for use *(specific name of event, conference title, etc.)* \_\_\_\_\_

\_\_\_\_\_

Dates Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Where will the credit card be used? *(Be specific – city, state, country if international, etc.)* \_\_\_\_\_

\_\_\_\_\_

Will this involve an overnight stay?  yes  no

If yes, and there are student participants, the following must be completed and signed.

I, \_\_\_\_\_ will attend as Faculty / Advisor / Sponsor / Staff.  
(please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Names of all other participants:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Requested \$ Limit: \_\_\_\_\_ Requested Transaction \$ Limit: \_\_\_\_\_ Number of Transactions per day expected: \_\_\_\_\_

General Ledger Account #   -       -       -

Signature of Budget Manager or Dept. Head \_\_\_\_\_

Signature of SA Treasurer is required for SA Activities

Signature \_\_\_\_\_