## CENTENARY COLLEGE OF LOUISIANA

## **CREDIT CARD APPLICATION**

## PLEASE ORDER A CREDIT CARD FOR THE FOLLOWING EMPLOYEE:

Employee:	Title:
Department:	
Employee Address:	
Date of Birth:	
Social Security Number: (Last four digits) XXX	<u> </u>
Reason for Request:	
☐ Current position description <u>and</u> position crea	ation form estimate required travel at 25% or greater.
☐ Current position description indicates that the Cabinet.	e person in this position serves as a member of the President's
☐ Current position description lists the following	ng under Essential Functions: "Regularly entertains:
	off campus on behalf of the College for the
purpose of:	·
PLEASE RETURN THIS FORM TO THE OF	FICE OF FINANCE AND ADMINSTRATION
CARDHOLDER HAS READ & SIGNED THE	CURRENT CREDIT CARD POLICY (ATTACHED)
Employee's Signature	Date
Cabinet Member's Signature	Date
VP of Finance and Administration:	
Monthly Credit Limit [Office Use Only]:	Date