

DECLINING BALANCE CARD APPLICATION

****LEAD TIME IS APPROX 3 WEEKS TO GET CARD****

Name: _____

Department: _____

Division: _____

Concur Delegate (if applicable): _____

Campus Address (Where we will mail the card): _____

Campus Phone: _____ Secondary Phone: _____

Email: _____

G Number: _____

Signature: _____

Date: _____

The Declining Balance Debit Card is intended for individuals who do not qualify for a purchasing card and in place of cash advances. Please describe you need for this card. If it is used for Travel, please provide the duration, number of students involved, and the purpose of travel.

Travel Dates: _____

Number of Students Involved: _____

Purpose of Travel: _____

Study Abroad Location: _____
(Information needed to inform bank of international travel)

CARD TYPE

One Time Card

Recurring Use Card

Card Limit: \$ _____

Card Limit: \$ _____

Purpose for recurring use card versus obtaining a Purchasing Card:

APPROVAL SIGNATURES (please sign and print names)

I understand that I am responsible for the proper use of this card. Delegation of authority is not permitted. Merchants may require that the signature on the card match the signature on the receipt. The card is to be used for business purposes only and is to be used in a responsible manner. I understand that this card must be used in compliance with [GVSU Travel](#) and [PCard](#) policies. This includes no alcohol or personal meals. I understand that it is my responsibility to reconcile my transactions in Concur by the end of the month.

Primary Approver: _____ Date: _____
(sign) (print)

Appointing Officer: _____ Date: _____
(sign) (print)

****All electronic signatures must have the Adobe signature watermark****

Obtain signatures and return application to Tonya Valencia, Procurement Services, 2015 or perezva@gvsu.edu