

The use of the University Visa Procurement Card is limited to expenses pre-approved by the organization's faculty advisor using the Student Organization Request Form and in accordance with University procedures.

The purchase of any item for personal use or consumption (e.g. alcohol, reading material, gum, etc.) with this card is prohibited. Any unauthorized purchase with the University Visa Card may be construed as a theft of University funds. Violation or misuse of the University Visa Procurement Card may be turned over to the University Police or the School of Law Student Disciplinary Committee for investigation or prosecution.

The user acknowledges that he or she is responsible for all purchases charged against the University Visa Procurement Card. The user also agrees that he or she will follow the established internal system of accountability to review and approve all purchases made with the University Visa Procurement Card. All original credit card receipts must be returned to the School of Law Admissions Office to be logged, filed and retained in the credit card file for payment and auditing purposes. The School of Law Admissions Office must log, file, and retain all receipts for payment and auditing purposes. These records must be retained for two years plus the current year.

If the card is lost or stolen, it should be reported immediately to JP Morgan Chase at 800.270.7760 and the Department of Purchasing at 330.972.7340.

CARDHOLDER AND STUDENT ORGANIZATION INFORMATION

Student Organization President Information

First Name _____ Middle Initial _____ Last Name _____
 Student ID # _____ Birthdate _____ Email Address _____ @zips.uakron.edu
 Gender _____ Mother's Maiden Name _____ Phone _____

Student Organization Information

Student Organization Name _____ SAF Acct # _____
 Advisor Name _____ Advisor Phone _____ Advisor Email _____ @uakron.edu

BILLING INFORMATION

Business Business Address City/State/ZIP THE UNIVERSITY OF AKRON
 150 UNIVERSITY AVENUE
 AKRON, OH 44325-2901

OTHER AUTHORIZED USERS

First Name _____ Last Name _____
 First Name _____ Last Name _____
 First Name _____ Last Name _____

CREDIT LIMIT INFORMATION

Credit Limit Requested \$1,000 per transaction \$1,000 per month

COMPANY INFORMATION

(Completed by Corporate Card Coordinator)

Company Name The University of Akron
 Department of Purchasing
Company Address 100 Lincoln Street
 Akron, OH 44325-9001

MCC Code _____ Purchasing Approval Date _____

I, the undersigned, have read the terms and conditions associated with the use of the University Visa Procurement Card and hereby acknowledge, during possession of this card, all responsibility for use until the card is returned or reported lost or stolen to the Department of Purchasing

Student Organization President Signature _____ Date _____

Faculty Advisor Signature _____ Date _____