



AHEC Procurement Card Cardholder Account Form

New

Change (Only complete fields to be changed) | Last 4 digits of Cardholder Account #

Delete/Close | Last 4 digits of Cardholder Account #

COMPANY INFORMATION

Company Name: **Auraria Higher Education Center - 01259**

Cardholder Name: _____

Department: _____

Work Phone: _____

E-Mail Address: _____

Accounting: - -

Security Verification Information:

AHEC Employee Position #

Date of Birth: / /

TAX EXEMPT #98-02565

Campus Box: _____

**1201 5th Street, Suite 370
Denver, CO 80204**

REPORTING HIERARCHY LEVELS (Required Information)

Approving Official: _____ Reallocator: _____

Back-up Reallocator: _____

CARDHOLDER CONTROLS (Required)

Credit Limit (CSL): _____ Transactions Per Cycle: **999**

Single Purchase Limit: _____

Dollars Per Day (optional): _____ Authorizations Per Day: **999**

PROCUREMENT CARD ONLY

PROCUREMENT CARD AND TRAVEL

CARDHOLDER APPROVALS (Required)

Prepared By: _____ Signature: _____ Date: _____

Approved By: _____ Signature: _____ Date: _____
(CEO or Division Chief)

AHEC PROCUREMENT SERVICES USE ONLY

Date Ordered: _____

Exception MCC Group: _____ Reason: _____

AHEC Procurement Services Approval: _____ Date: _____

Amended Closed

Date: _____ AHEC Procurement Services Approval: _____