

# Northland Community and Technical College Procurement Card Application Form

Name: \_\_\_\_\_  
Email: \_\_\_\_\_@northlandcollege.edu  
Supervisor: \_\_\_\_\_  
Date: \_\_\_\_\_  
Campus: \_\_\_\_\_ (TRF or EGF)  
Program: \_\_\_\_\_  
Primary Cost Center #: \_\_\_\_\_  
Requested limit per purchase \$ \_\_\_\_\_ & per month \$ \_\_\_\_\_

I understand this information will be shared with the issuing bank.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RETURN COMPLETED REQUEST TO:

**Thief River Falls Business Office  
Attn: Michelle Bakken**