

Northland Community and Technical College Procurement Card Application Form

Name: _____

Email: _____@northlandcollege.edu

Supervisor: _____

Campus: _____

Program: _____

Primary Cost Center: _____

Requested limits: \$ _____ Per Purchase

\$ _____ Per Month

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

Employee Signature: _____ Date: _____

Supervisor Signature _____ Date: _____

RETURN COMPLETED REQUEST TO:

Thief River Falls Business Office
Attn: Kari Mooney, Business Office Manager