

Nipissing Visa Card Request Form

Approved employees are authorized to use the Nipissing Visa Card to purchase goods and services in accordance with Nipissing University's Travel and Expense policies.

EMPLOYEE INFORMATION:

Employee Name: _____

Email Address: _____

Home Number: _____ Cell Number: _____

(Scotia Bank requests this information in case the bank needs to reach you outside of regular business hours for security reasons.)

Significant Date: ____/____/____ (MM/DD/YYYY)

(Scotia Bank requires you to pick a significant date for security reasons. If you have to call Scotia Bank re your account, you will be asked to provide your significant date. Please do not use your birthday.)

Department: _____

Nipissing Visa Card purchases can be charged to the following cost centre(s):

Default cost centre number to be used: _____

Description of Goods and/or Services that will be charged to the Nipissing Visa Card:

Does the Nipissing Visa Card require a limit greater than \$2,500? If yes, please provide reasoning and specify amount: _____

Supervisor

Printed Name: _____

Supervisor

Signature: _____ Date: _____

APPROVING AUTHORITY:

Renée Hacquard
Director, Finance

Office Use

Card Ordered _____

Card Received _____

Profile Created _____

Attended Training _____