Kansas State University

Business Procurement Card (BPC) Account Action Request Form Title Email Address Name on card Department Name Room #/Building Street Address City/State Zip Code Last 4 digits of SSN Cardholder Signature Phone Additional Contact Person: Phone Email Address Name Select Action Requested: Standard BPC—Purchases of commodities, capital outlay items and contractual service items made in accordance with approved KSU purchasing policies and procedures. Transaction total is limited to \$5,000 per purchase with a \$10,000 standard monthly credit limit. Enhanced BPC—May be utilized to purchase airfare, registrations, rental car and gas, Road Runner, shuttles, baggage fees, and tolls in addition to the types of transactions allowable using a Standard BPC. Transaction total is limited to \$5,000 per purchase with a \$10,000 standard monthly credit limit. Last 4 digits of Existing Card # (if any): ☐ Request Hertz Applicant Number be setup for this card **Enhanced Lodging BPC**—May be utilized to purchase lodging, in addition to the types of transactions allowable using an Enhanced BPC. Transaction total is limited to \$5,000 per purchase with a \$10,000 standard monthly credit limit. Last 4 digits of Existing Card # (if any): Request Hertz Applicant Number be setup for this card Cardless Account—Purchases of commodities, capital outlay items and contractual service items made in accordance with approved KSU and state procurement policies and procedures. No per transaction limit with a \$50,000 standard monthly credit limit. \Box **Automotive BPC**—Purchases of fuel and minor repairs for state vehicles and rental cars. Vehicle Tag Vehicle Make Vehicle Model Transaction total is limited to \$200 per purchase with a \$2,000 standard monthly credit limit. Reissue replacement card Reason for replacement:_ Last 4 digits of Existing Card #: _____ Permanently increase credit limit to: Reason for limit increase: Last 4 digits of Existing Card #: **Close BPC Account** Remit to: Last 4 digits of Existing Card #: _____ **BPC** Coordinator **Change BPC Account Address** 220 Anderson Hall Last 4 digits of Existing Card #: ___ Department Head/Dean/Provost Signature: **Printed Name** Signature **Signature stamps and those with signature authority do not qualify as a signature on this form. Authorization Strategy___ Listsery Appendix 2

BPC Coordinator

Date

Revised 08/03/2015