BATES COLLEGE EMPLOYEE CHARGE CARD Application and Agreement

	Middle Initial	Last Name	
Home Address			
City	State	ZIP Code	E-mail
Home Telephone	Work Telephone	Cell Phone (Optional)	
Employee Department	Employee Fund/Org (default)	Employee ID Number *	Mother's Maiden Name/Password *
* Information used for telephone assist	tance.		
Section B - Employee Ag	reement/Signature		
charges, a Payroll Advance i section of the Travel and Exp employment, or as requested	resolve billing disputes. I understan may be required and my card may be pense Policy. I agree to surrender th for failure to meet my financial obli	e cancelled in accordance ne card upon request by th gation to J.P. Morgan.	with the "Non-Compliance"
Employee Applicant Signature			
		Date	
Section C - Supervisor A	uthorization / Monthly Charge		le one)
Section C - Supervisor A \$2,000	uthorization / Monthly Charge \$3,000		le one)
•	•	Limit Requested (circ	le one)
\$2,000	\$3,000	Limit Requested (circ \$4,000	le one)
\$2,000 \$5,000 Supervisor Signature	\$3,000 \$7,500	Limit Requested (circ \$4,000	le one)
\$2,000 \$5,000 Supervisor Signature	\$3,000 \$7,500 Date Date Green (for charge limits of \$5,000 or more)	Limit Requested (circ \$4,000 Other	le one)

Date Card Received by Employee

Date Account Closed

Signature of Employee Receiving Card

Date Card Returned