

**One Card Application**

**Instructions:** Completed application to be submitted to [OneCard@umsystem.edu](mailto:OneCard@umsystem.edu)  
MUHC send to [ChandlerP@health.missouri.edu](mailto:ChandlerP@health.missouri.edu)

**Select Campus**

Columbia     System     Kansas City     Missouri S&T     St. Louis     MUHC

**Cardholder Information – To be completed by Cardholder**

Last Name \_\_\_\_\_ (Maximum 11 characters)    First Name \_\_\_\_\_ (Maximum 10 characters)    Middle Initial \_\_\_\_\_

Department Name \_\_\_\_\_ (Maximum 21 characters – will be embossed on card)

Business Street Address \_\_\_\_\_

Business Bldg. & Room Number \_\_\_\_\_

City \_\_\_\_\_ (Maximum 25 characters)    State \_\_\_\_\_ (2 Character State Code)    Zip Code \_\_\_\_\_ (Use 9 digit Zip Code)

Business Phone ( ) \_\_\_\_\_    Email \_\_\_\_\_

Empl ID \_\_\_\_\_    Mother's Maiden Name or Password \_\_\_\_\_ (Maximum 10 /No Special Characters)    Date of Birth (MM/DD/YY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Information Required by Office of Foreign Asset Control**

Home Address \_\_\_\_\_ (Maximum 25 characters)

City \_\_\_\_\_ (Maximum 25 characters)    State \_\_\_\_\_ (2 character State Code)    Zip Code \_\_\_\_\_ (Use 9 digit Zip Code)

Home Phone ( ) \_\_\_\_\_

**Cardholder Controls – To be completed by Cardholder or FIN Structure Responsible Individual**

Chartfield String to be Used on Cardholder's Travel & Expense Report Profile

Fund \_\_\_\_\_ Program \_\_\_\_\_ Class \_\_\_\_\_ Project \_\_\_\_\_ Dept ID \_\_\_\_\_

**Card Controls**

**Check appropriate category for One Card Options:**

Purchasing Only ( )    Purchasing + Travel ( )    Travel Only ( )

**Enter limits for this cardholder for Purchasing and/or Travel based on Category selected above.**

**Do Not Complete for MUHC – Card Limits assigned by MUHC Finance**

	Purchasing	Travel
<b>Category Single Limit</b> – Not to exceed \$5,000	\$	\$
<b>Card Total Cycle Spend Limit</b> – Not exceed \$15,000 w/o One Card Team Approval		\$

**College/School/Division Financial Responsible Individual – Do Not Complete for MUHC**

As Financial Responsible Individual for the College/School/Division, I approve this card request.

FIN Responsible Individual for C/S/D Signature

Date

\_\_\_\_\_

\_\_\_\_\_