

**PROCUREMENT CARD PROGRAM
OFFICE DEPOT APPLICATION AND APPROVAL FORM
MISSOURI STATE UNIVERSITY**

<p>New Account</p> <p>Close Account</p> <p>Update Account Information</p>	<p>Do you have a procurement card?</p> <p>Yes No</p> <p>Other _____</p> <p>_____</p>
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Budget Number(FOAPAL)	FUND	ORGN	ACCT	PROG
			73212	
Contractor	Office Depot			
Name				
Position				
Department				
Other Authorized Users, if any				
Statement Address	901 S. National Avenue			
City / State / Zip	Springfield, MO 65897			
Telephone Number				
Fax Number				
E-mail Address				
Special Instructions				

Date of Request	Department Authorized Signature

Date Authorized	Purchasing Office Procurement Card Coordinator Signature