



DATE OF REQUEST:			
REQUESTOR'S NAME:			
REQUESTOR'S TITLE:			
REQUESTOR'S EMAIL:			
OFFICE PHONE #:		CELL PHONE #:	
DEPARTMENT REQUESTOR WORKS FOR:			
NAME OF DEPARTMENT HEAD:			
NAME OF AREA VICE PRESIDENT OR DIRECTOR:			
ARE YOU A FULL-TIME EMPLOYEE OF WVSU?			
SINGLE TRANSACTION LIMIT (STL) REQUESTED: (Recommendation: \$1,000 or less)		STL AUTHORIZED: (OFFICE USE)	
MAXIMUM CREDIT LIMIT (MCL) REQUESTED: (Recommendation: \$3,000 or less)		MCL AUTHORIZED: (OFFICE USE)	
AUTHORIZED FUND, SUB-FUND AND UNIT: (SEE DEPARTMENT HEAD FOR THIS INFORMATION)		FUND	UNIT
		SUB FUND	
DO YOU HAVE A <i>myApps</i> ACCOUNT?	IF THE ANSWER IS NO, THEN YOU MUST SIGN UP FOR A <i>myApps</i> ACCOUNT ON THE WV STATE AUDITOR'S OFFICE WEBSITE. http://www.wvsao.gov/		
wvOASIS USERNAME:			
REQUESTOR'S SIGNATURE:		DATE:	
NOT APPROVED BY:			
DEPARTMENT HEAD (REQUIRED):		DATE:	
APPROVED BY:			
DEPARTMENT HEAD (REQUIRED):		DATE:	
AREA VICE PRESIDENT (REQUIRED):		DATE:	
CHIEF FINANCIAL OFFICER (REQUIRED):		DATE:	
CARD RECEIVED BY CARDHOLDER (SIGNATURE)		DATE	