

**AUTHORIZATION TO USE SIMPSON COLLEGE VISA  
PROCUREMENT CARD**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Merchant)

Please allow the following individual to charge items to my Simpson College Purchasing Card

Printed Name of person making purchase: \_\_\_\_\_

Amount not to Exceed \$ \_\_\_\_\_

Cardholder printed name: \_\_\_\_\_

**Please note: Simpson College Tax Exemption Number is 1-91-003359.**

\_\_\_\_\_

Signature of person making purchase

This individual should show his/her College I.D. when making the purchase. If you have any questions or would like to confirm by telephone, please call me at \_\_\_\_\_.

\_\_\_\_\_

Cardholder Signature