



Student Organization Controlled Value Card Application Form

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Application Instructions:

- **Step 1.** Email funds@mit.edu to request permission from the Student Activities Office.
- **Step 2.** Complete the application and send the PDF to funds@mit.edu
- **Step 3.** Applicants are required to read the Procurement Card User Guide.
- **Step 4.** Applicants are required to watch the online training video for cardholders.
- **Step 5.** After watching the training video, card applicants will be guided to the online Card Holder Agreement Form. Complete the online agreement form and submit to funds@mit.edu. Note: You are required to attend an in-person training/meeting.
- **Step 6.** Once the Cardholder Agreement Form is processed, VPF Procurement will send the Controlled Value Card to the Student Activities Office, W20-549.
- **Step 7.** When the new card arrives, you will be notified via email to pick up the card.
- **Step 8.** When you pick up the card, verify the card information. If all is correct, activate the card with your MIT ID number by calling the activation phone number on the card. If there is an issue with the card, please contact Colin Codner, Assistant Director of Student Activities and Finance.

Average Timeline: Card applicants can anticipate 10-15 business days to complete all steps.





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Each field in this form is required for approval. Please email the completed form to funds@mit.edu. Please send all questions to funds@mit.edu. Note: Mac Preview is not compatible with this PDF.

Cardholder and Statement Information

Card Limits:						
Single Transaction	Limit (Maximum \$3	3,000): \$			_	
Renewable Balance Limit		\$			_	
Name on the Card (19 characters):		First		M.I.	Las	<u>t</u>
Student Group (19	characters):					
Student Group Pri	mary Account Num	ber:				
Secondary Accour	nt Number (Identica	I to Primary	Number):			
Mailing Address:	Mass Institute of Technology 77 Mass Ave Bldg - Rm: Cambridge, MA 02139-4301					
MIT Email:						
Business Phone: _						
MIT ID Number: _						
Applicant Signature:					Date:	



SAO Verifier:



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Additional Contact Information

Name:		
MIT Email:		
Business Phone:		
SAP User:		
Bldg. & Room:		
Signature:		_
Administrative C	Officer:	
Name:		
MIT Email:		
Business Phone:		
Bldg. & Room:		
Signature:		_
For Internal Use		
	:	(Assigned by Administrator)
Credit Card #:		(Assigned by Bank)