

**AUTHORIZATION TO USE SIMPSON COLLEGE
MASTERCARD 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: _____

Purchase not to exceed: \$ _____

Cardholder printed name: _____

Please note: Simpson College Iowa Sales 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