



**Controller/Accounting Office**  
**Campus Mail: Unit A512**  
**Location: Melrose 112**  
**Fax: 503.883.2630**  
**Phone: 503.883.2608 or 503.883.2780**  
**Email: [creditcardsupport@linfield.edu](mailto:creditcardsupport@linfield.edu)**

DATE:

TO:

FROM: Controller/Accounting Office - X2608

**SUBJECT: Temporary Credit Card Issue**

- US Bank VISA Corporate Credit Card
- Fleet Fuel Credit Card
- Other Credit Card \_\_\_\_\_

Attached you will find a copy of the Linfield University Credit Card Policy and the Employee Credit Card Agreement that must be read and signed if you do not have a current agreement on file.

You are being issued a temporary corporate credit card. Under this corporate program Linfield University assumes all liability for purchases made with the card and no card activity is reflected on your personal credit record.

**This card is a temporary card which is authorized for charges up to a [\$ ] credit limit for the time period of [date] – [date].**

If charges are anticipated to exceed the limit amount or made outside the assigned dates please contact the Accounting Office as soon as possible. Any changes to credit limit or time period will need to be requested on the "Credit Card Application/Change Request" form found under <http://www.linfield.edu/finance-administration/controller/financial-policies.html> and needs the approval of your division VP as well as VP Finance Administration/CFO.

If you have questions, please do not hesitate to contact us.

---

This will acknowledge receipt of Linfield's credit card.

Visa Card Ending 4 Digits: xxxx

Expiration: xx/xxxx

Signature \_\_\_\_\_ Date \_\_\_\_\_