



PURCHASING CARD ENROLLMENT FORM

I would like to enroll the following person as my designee to receive a University purchasing card. This person will use the purchasing card to make purchases for the department as I direct and within the established university policies and procedures.

_____ (_____) _____
 CARDHOLDER NAME UNIVERSITY DIVISION/DEPT BUSINESS TELEPHONE

Address: _____ City: _____ State: _____ Zip: _____
 PRIMARY UNIVERSITY MAILING ADDRESS (Note: P-card will be mailed to this address)

 CARDHOLDER UNIVERSITY EMAIL ADDRESS

 MONTHLY SPEND/SINGLE SPEND Primary Cost Center: _____

Please provide the following form of identification for your security access to online and telephone account information:

_____ Employee ID Number

 CARDHOLDER SIGNATURE DATE

 APPROVER NAME

 SUPERVISOR NAME SUPERVISOR UNIVERSITY EMAIL ADDRESS

 SUPERVISOR SIGNATURE DATE

 GRANT ACCOUNTANT SIGNATURE (DIANNA BURGER) DATE

 ACCOUNTS PAYABLE SUPERVISOR SIGNATURE DATE

By accepting this card, you acknowledge you have read and understand all policies and procedures relating thereto as set forth by your respective university.
 Email the fully approved purchasing card request form to pcard@passhe.edu

