

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)

 UNIVERSITY EMAIL ADDRESS

 MONTHLY SPEND/SINGLE SPEND

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

_____ Employee ID Number

 CARDHOLDER SIGNATURE DATE

Primary Cost Center: _____

 APPROVER NAME DATE

 SUPERVISOR NAME UNIVERSITY EMAIL ADDRESS

 SUPERVISOR SIGNATURE DATE

 CONTROLLER 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