

PENNSYLVANIA'S STATE SYSTEM OF HIGHER EDUCATION



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



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