



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 BUSINESS TELEPHONE

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

_____ Employee ID
 UNIVERSITY EMAIL ADDRESS

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

_____/_____. Two-digit birth month/two-digit birth day (your verification ID will be five 9's + birth month and birth day); Example: July 4th birthday, 999990704.

_____ DATE
 CARDHOLDER SIGNATURE

Please allow my designee to have access to the following cost center(s) for which I am responsible:

Primary Cost Center: _____
 Secondary Cost Centers: _____, _____, _____

_____ UNIVERSITY EMAIL ADDRESS
 SUPERVISOR NAME

_____ DATE
 SUPERVISOR SIGNATURE

_____ DATE
 CONTROLLER SIGNATURE

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: RPOPcard@passhe.edu