PURCHASING CARD REQUEST FORM

DATE:

DEPARTMENT NAME:

PROPOSED CARDHOLDER'S NAME:

PROPOSED PRIOR APPROVERS' NAME:

DOES THE DEPARTMENT CURRENTLY HAVE A CARDHOLDER?

IF YES, HOW MANY?

ALSO, STATE THE MONTHLY VOLUME OF TRANSACTIONS:

JUSTIFICATION FOR THE P-CARD REQUEST: INCLUDE THE ESTIMATED MONTHLY VOLUME OF TRANSACTIONS FOR THE NEW PCARD.

SIGNATURES and DATES:

DATE

CFO/VP OF BUSINESS & OPERATIONS

DATE

PCARD ADMINISTRATOR

DATE

DIVISION VICE PRESIDENT/PROVOST

DATE

DEPARTMENT HEAD/DIRECTOR