



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)

UNIVERSITY EMAIL ADDRESS

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

_____ Employee ID Number

CARDHOLDER SIGNATURE DATE

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

Primary Cost Center: _____
Secondary Cost Centers: _____

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: RPOPcard@passhe.edu

