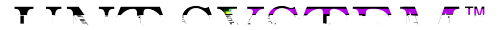


Purchasing Card Program



Cardholder Application/Approval Form

\$PNQMFUF UIJT GPSN UP BQQMZ GPS B QVSDIBTJOH DBSE 1VSDIBTJOH DBSET
UP QDBSE

!VOUTZTUFN FEV

Cardholder's Name	EUID	Empl ID	Business Unit: <input type="radio"/> NT752 <input type="radio"/> DL773 <input type="radio"/> HS763 <input type="radio"/> SY769
Cardholder's Work Telephone Number	\$BSEIPMEFSHT \$FMM 11		PSBSEVMEFSHT E-mail Address
\$BSEIPMEFSHT)PNF .BJMJOH "EESFTT		\$JUZ 4UBUF ;JQ \$PEF	
Department Name	%FGBVMU %FQU*% .VTU CF B M		
'JSTU -FWFM "QQSPWFSHT /BNF	Telephone	&NQMPZFF *%	

I understand that I must complete Purchasing Card training, agree to follow the procedures outlined in the Purchasing Card Program Guide and only use the card within the departmental delegated authority. Upon receipt of the card, my signature on the Purchasing Card Agreement form acknowledges my understanding of the Program Guide and the consequences for failure to comply

Cardholder's Signature: _____

Date: _____

#VEHFU "QQSPWFS

* IFSFCZ BQQSPWFS MJD BOU MJTUF BCPWF UP CF JTTVFE B 1VSDIBTJOH DBSE
XJMM IBWF TVGGJDJFOU GVOET UP QBZ BOZ BOE BMM DIBSHFT NBEF CZ UIJT
"QQSPWFS XJMM CF BTTJHOFE UIF SFTQPOTJCMJUJ PG WFSJGZJOH UIBU BM
HVJEFMJJOFT

Printed Name of #VEHFU Approver:	#VEHFU Approver's Signature:
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#VEHFU Approver EUID	Approver Email:	Date:
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