



Date: _____

Name on Card: _____
Exactly as it appears on card

Acct No. _____
Last 4 only

Authorized User Information:

Name: _____ MI _____ Last Name _____ Employee ID# ("A" #) _____

Campus: _____ Department: _____

Title: _____ Phone: _____ Mail Code: _____

Authorization begins:	_____	Ends:	_____
	<small>Date</small>		

I understand that all purchases made with this PCard must comply with College purchasing procedures, including those in the PCard Manual. I agree to comply with all such procedures. I also acknowledge that I have received training in the use of the PCard and the requirement to obtain and submit original receipts:

Authorized User:	_____	_____	_____
		<small>Print Name</small>	<small>Date</small>

I hereby certify that I have trained the above assigned Authorized User in the procedures covering the use of the PCard and the requirement to obtain and submit original receipts:

Card Coordinator:	_____	_____	_____
	<small>Signature</small>	<small>Print Name</small>	<small>Date</small>

Approvals:

Administrator:	_____	_____	_____
	<small>Signature</small>	<small>Print Name</small>	<small>Date</small>

Campus Pres./VC	_____	_____	_____
	<small>Signature</small>	<small>Print Name</small>	<small>Date</small>

Business Office:

Business Manager:	_____	_____	_____
	<small>Signature</small>	<small>Print Name</small>	<small>Date</small>