



Name		Tel. No.		Mail Code	
Network ID:		Dept.			
Purpose of Access:					

<input type="checkbox"/>	Business Office:	Campus:		Mail Code	
<input type="checkbox"/>	Other Role:				
	Department:		Mail Code		
Campus/Depts/Areas/Cards Access:					

This section to be completed when requesting PaymentNet access (return to Business Office)			
By signing this request, below, I acknowledge that I have read and understand the PCard Manual procedures and my role in the PCard program, that the applicant must receive training in the use of PaymentNet and that I agree to comply with the PCard Manual procedures and all applicable purchasing procedures.			
Signatures:	Print Name:	Signature:	Date:
Applicant:			
Administrator:			
President/Vice Chancellor:			
Business Manager:			

This section to be completed following PaymentNet training (return to PCard Administrator following training)			
Employee Acknowledgement:			
I, the undersigned, acknowledge that I have received training from my Business Manager in the use of PaymentNet as it is used in the administration of the PCard program and I agree to comply with the PCard Manual procedures and all applicable purchasing procedures.			
	Print Name:	Signature:	Date:
Applicant:			
Business Manager Acknowledgement:			
I, the undersigned, acknowledge that I have trained the above named employee in PCard record keeping and the use of PaymentNet as it is used in the administration of the PCard. I acknowledge and agree that it is my responsibility to comply with the PCard Manual procedures and all applicable purchasing procedures. I agree to support and assist all users at my Campus/Site so that they may comply with all procedures.			
	Print Name:	Signature:	Date:
Business Manager:			

This section is for PCard Administrator use					
Hierarchy Level:		ID:		Description:	
Input to Bank by:				Date:	
Notes:					