



**PROCUREMENT CARD  
ENROLLMENT/REQUEST FORM**

This form is to request and enroll in the Procurement Card Program. I understand that if approved, a card will be issued into the requested cardholders name to be used for official College business only. No personal credit inquiry's will be submitted by the bank. I understand that the card holder will be required to attend Procurement Card training and sign a Procurement Card Agreement prior to the issuance of a procurement card.

**CARDHOLDER'S INFORMATION**

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOME ADDRESS: \_\_\_\_\_  
Street City State Zip Code

CWID: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

**SUPERVISOR'S INFORMATION**

NAME: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Request a monthly total transaction limit of \$\_\_\_\_\_.

(Please see the Procurement Card Procedure Manual page 6 to determine the appropriate limit.)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**For Purchasing Coordinator Use Only**

Date of Training/Manual Issuance: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_

Date Card Returned/Cancelled/Destroyed: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_