**Purchasing Card Enrollment Form**

I would like to enroll the following person as my designee to receive a Bloomsburg University purchasing card. This person will use the purchasing card to make purchases for the department as I direct and within the established policies and procedures located on the BU Finance/Administration website.

____________________________  __________________________
Cardholder name  Department

____________________________  __________________________
BU email address  Business telephone

Please provide the following form of identification for your security access to online account information.

___/______  Birth month/day (your verification ID will be five 9’s + birth month and day in four digit format; i.e. for July 4 birthday, 999990704)

____________________________  __________________________
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  BU email address

____________________________  __________________________
Supervisor signature  Date

9/2015