

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
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BU email address	Business telephone
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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
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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
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Supervisor signature	Date
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By accepting this card, you acknowledge you have read and understand all policies and procedures relating thereto as set forth by Bloomsburg University.

For information regarding the purchasing card please visit the Procurement website and refer to the purchasing card information link for all information and resources.