



**PURCHASING CARD ENROLLMENT FORM**

I would like to enroll the following person as my designee to receive a 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 at: <https://www.mansfield.edu/purchasing/upload/MU-Purchasing-Card-Policies-Procedures-2.pdf>

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 CARDHOLDER NAME UNIVERSITY DEPARTEMENT BUSINESS TELEPHONE

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PRIMARY UNIVERSITY MAILING ADDRESS (Note: P-card will be mailed to this address)

\_\_\_\_\_  
 UNIVERSITY EMAIL ADDRESS

Please provide the following form of identification for your security access to online and telephone account information:

\_\_\_\_\_/\_\_\_\_\_. Two-digit birth month/two-digit birth day (your verification ID will be five 9's + birth month and birth day); Example: July 4<sup>th</sup> 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 UNIVERSITY EMAIL ADDRESS

\_\_\_\_\_  
 SUPERVISOR SIGNATURE DATE

\_\_\_\_\_  
 ASSISTANT CONTROLLER SIGNATURE DATE

By accepting this card, you acknowledge you have read and understand all policies and procedures relating thereto as set forth by Mansfield University.  
 Email the fully approved purchasing card request form to: [RPOPCard@passhe.edu](mailto:RPOPCard@passhe.edu)