Purchasing Card Enrollment Form

I would like to enroll the following person as my designee to receive a Mansfield 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 MU Purchasing Department website.

_____ _____
Cardholder name **Department**

_____ _____
MU 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 **MU email address**

_____ _____
Supervisor signature **Date**

_____ _____
MU Controller signature **Date**