

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 S drive under BU Documents/Purchasing Card.

Name of Cardholder

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

_____ Last Four digits of SSN

Signature of Cardholder

Department

Please allow my designee to have access to the following cost center(s) for which I am responsible:

Primary cost center: _____

Secondary cost centers: _____, _____, _____,

Signature of Department Head

Date