



**REQUEST FOR PURCHASING CARD SETUP**

TO: Doris Frieler, Purchasing AS122

FROM:

RE: Request for Purchasing Card  Add  Delete  Change

The following employee is authorized to be issued a St. Cloud State University Purchasing Card for the departmental account (cost center) indicated. Please use a separate form for each cost center.

Full Name (print): \_\_\_\_\_  
Displayed on card

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Cost Center: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
(For fraud detection purposes)

\_\_\_\_\_  
Responsible Person of Cost Center

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grant Accountant Approval (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Card Administrator

\_\_\_\_\_  
Date