



**Indiana University of Pennsylvania
Cardholder Enrollment/Change Form**

Card Type: Purchasing Action: Initial Enrollment
Change to Existing Account ending in
(last four digits of card number)

Monthly Credit Limit -- \$7,500 maximum / Transaction Limit -- \$1,000 maximum

Fill in ALL blanks in Section A and return to Purchasing Card Administrator.

Section A -- Cardholder Information – PLEASE PRINT

<p>Cardholder Full Name (First Name, Last Name)</p>	<p>Last 4 digits of Banner ID</p>
<p>Department Name</p>	<p>Email Address</p>
<p>Campus Address</p>	<p>Office Phone #</p>
<p>Default SAP Cost Center / WBS</p>	
<p>Cardholder Signature: _____</p>	<p>Date: _____</p>
<p>Financial Manager Signature: _____</p>	<p>Date: _____</p>
<p>Cardholder Immediate Supervisor Signature _____ (if different than Financial Manager signature above)</p>	<p>Date: _____</p>

**Section B – Do Not Write Below This Line
To be completed by Purchasing Card Administrator**

Signature Authority Verified by _____	Date _____
Entered on Works _____	Date _____
<p>Email suppressed _____ Active Cardholder Spreadsheet _____ Subscriber List _____ Works _____</p>	