



Procurement Card Enrollment Form

Today's Date:	Is this for request for a predetermined period of time? Yes / No	If Yes, How Long _____
---------------	--	------------------------

EMPLOYEE INFORMATION

Employee First Name:	Middle Name:	Last Name:
Home Address:	Apt:	City:
Country of Citizenship:	Zip Code: _____ - _____	P. O. Box:
Last Four digits of Social Security #:	Birth Date:	Mother's Maiden Name:
Office Phone#:	Cell Phone #:	E-mail:
Job Title:	Department:	Building/Room #:

You must be an employee of Ohio Wesleyan University to apply for the P-Card. Please mark your employment status below?
 _____ Full-time Staff _____ Part-time Staff _____ Full-time Faculty _____ Part-time Faculty _____ Other _____

Business Purpose for Card: _____ Goods/Supplies _____ Travel _____ Student Travel _____ International Travel _____ Other _____
Check all that apply

Default Account Code: _____ - _____ - _____ - _____ (This is your most frequently used account number)
Fund Org Object Project

If you would like to restrict this card to only certain account codes, please list them below. Otherwise, please leave them blank.

FUND ___	ORG _____	OBJECT _____	PROJECT _____
FUND ___	ORG _____	OBJECT _____	PROJECT _____

_____ Employee's Printed Name	_____ Employee's Signature	_____ Date
_____ Supervisor's Printed Name	_____ Supervisor's Signature	_____ Date
_____ Budget Officer Printed Name	_____ Budget Officer Signature	_____ Date
_____ Procurement Card Administrator Printed Name	_____ Procurement Card Administrator Signature	_____ Date