
CHAPMAN UNIVERSITY

ATTACHMENT A

**CREDIT CARD PROCUREMENT
POLICY REQUEST FOR CREDIT CARD**

**NEW PCARD REQUEST
PERMANENT INCREASE
REQUEST
INTER DEPARTMENT
TRANSFER REQUEST**

A procurement card is requested for the following employee:

EMPLOYEE NAME (Last, First)	
EMPLOYEE ID NUMBER	
DEPARTMENT NAME	
FUND-DEPARTMENT-PROGRAM	
TELEPHONE NUMBER (10 digits)	
EMAIL ADDRESS	
TITLE, BRIEF JOB DESCRIPTION AND PROPOSED USAGE OF P-CARD	
PROPOSED MONTHLY \$ LIMIT	

APPROVING SUPERVISOR/DEPARTMENT MANAGER:

Print Name _____

Signature _____ **Date** _____

DIVISION BUDGET APPROVAL:

Print Name _____

Signature _____ **Date** _____

APPROVING DEAN OR VICE PRESIDENT:

Print Name _____

Signature _____ **Date** _____

EMPLOYEE:

Print Name _____

Signature _____ **Date** _____

NOTE: When completed and approved, please forward to: PCard@chapman.edu for final approval.

VP for Finance and Controller _____ **Date** _____