SOUTHEASTERN
LOUISIANA UNIVERSITY
PURCHASING DEPARTMENT

Purchasing Department
PROCUREMENT CARD PROGRAM
ENROLLMENT FORM

Cardholder should complete ***Section 1*** of this form in Excel, print, sign and forward to his/her next-level supervisor for approval. Form should then be delivered to the *P-Card Administrator in the Purchasing Department* either in person or through Campus Mail (SLU 10800).

Section 1: Cardholder Information

☐ **New** ☐ **Change** ☐ **Delete/Close** ☐ **CBA Account**

Name on Account		Employee W#	
SLU Department		E-Mail Address	@selu.edu
SLU Box #		Phone #	
City/State/Zip		Pay Type	( ) Faculty/Staff (Unclassified)
Dept. Contact Name			( ) Staff (Classified)
Contact Phone		**** NO CASH ACCESS ****	
Single Transaction Limit $	(Max $1,000)	Spending Limit Per Cycle $	

Cardholder's Signature **Date**

Next-Level Supervisor Signature **Date**

Section 2: To be completed and signed by P-Card Administrator (Purchasing Department)

Single Transaction Limit	(Max $1,000)	**Does Cardholder need access to reports?**		**Yes**
Spending Limit Per Cycle	(6th to 5th)			**No**

I approve the above named individual's request for a University Purchasing Card or CBA Account.

Purchasing Card Administrator Signature **Date**

Vice President for Administration & Finance **Date**
(Required for CBA accounts only)

rev120320