

**COPPIN STATE UNIVERSITY
UNIVERSITY PROCUREMENT CARD PROGRAM
NEW APPLICATION CARDHOLDER INFORMATION FORM**

Cardholder Name:

Division/Department:

Social Security No.:

Telephone No.:

Email Address:

Approver/Supervisor:

Proxy/Backup:

(Optional)

DEFAULT CHARTFIELD COMBINATION

PS DEPARTMENT NO.	FUND NO.	PROGRAM NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION CONTROLS

MONTHLY CARD LIMIT	SINGLE PURCHASE LIMIT (CAN NOT EXCEED \$4,999)
<input type="text"/>	<input type="text"/>

Please provide any additional departments and/or projects to be added to your P-Card:

ADDITIONAL CHARTFIELD COMBINATIONS

PS PROJECT NO.	PS DEPARTMENT NO.	FUND NO.	PROGRAM NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee Signature

Date:

Approver/Supervisor Signature

Date:

P-Card Administrator Signature

Date: