

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

Cardholder Name:

Division/Department:

Employee ID:

Telephone No.:

email Address:

Approver/Supervisor:

DEFAULT WORKDAY DEPARTMENT

USOURCE NUMBER:

AUTHORIZATION CONTROLS

MONTHLY CARD LIMIT	SINGLE PURCHASE CARD LIMIT (CAN NOT EXCEED 4999)

Employee Signature	<input type="text"/>	Date:	<input type="text"/>
Approver/Supervisor Signature	<input type="text"/>	Date:	<input type="text"/>
Division Vice President Signature	<input type="text"/>	Date:	<input type="text"/>
P-Card Administrator Signature	<input type="text"/>	Date:	<input type="text"/>