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# CHAPMAN UNIVERSITY

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## ATTACHMENT A

### CREDIT CARD PROCUREMENT POLICY REQUEST FOR CREDIT CARD

A procurement card is requested for the following employee:

EMPLOYEE NAME (Last, First)	
EMPLOYEE ID NUMBER (9 digits)	
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 the Controller for approval (Financial Services, 633 W. Palm Ave.).

Controller Approval: \_\_\_\_\_ Date: \_\_\_\_\_