

LOUISIANA TECH UNIVERSITY  
PURCHASING DEPARTMENT



CARDHOLDER ENROLLMENT FORM

New     Change     Delete/Close Cardholder Account # \_\_\_\_\_

Section I: To be completed by Cardholder:

Name (26 spaces max) \_\_\_\_\_

Employee ID # (Social Security #): \_\_\_\_\_

Department Name (26 spaces): \_\_\_\_\_

Department Code to be charged: \_\_\_\_\_

Department  
Address (PO Box): \_\_\_\_\_

City & State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Business Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LA Tech Email  
Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Department Head  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section II: To be completed by Division Administrator (Purchasing Department):

Cardholder Authorization Parameters

Single Transaction Limit:                      \$ \_\_\_\_\_ (Max \$1000)

Spending Limit Per Cycle                      \$ \_\_\_\_\_ (5<sup>th</sup> to 5<sup>th</sup> each month)

Does cardholder require access to reports? \_\_\_\_\_

I approve the above named individual's request for a Purchasing Card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROCARD Use Only	Hierarchy:	Level 1	5511616	State of Louisiana
		Level 2	0000002	Non-ISIS Agencies
		Level 3	0011904	Louisiana Tech University
		Level 4	_____	Vice President for each Division
		Level 5	_____	Deans within each College
		Level 6	_____	Department Heads within each College
		Level 7	_____	_____