Applicant Information:

First Name/Last Name: _____

Banner ID # (9 digits):_____ Position Title:_____

Department Name: _____ Extension: _____

Email: _____

Birthdate:_____
　　　　　　 MM/DD/YYYY

Default Funding Source:

Fund	Org	Account	Activity Code (if applicable)

I have read and agree to abide by the Procurement Policy and the Procurement Card Policy which can be found at http://carleton.ca/secretariat/policies/

Applicant's Signature: _____ **Date:**_____

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HEAD OF DEPARTMENT AUTHORIZATION:

I acknowledge that I am the Head of the Department, and as such I authorize the above applicant to receive a purchasing card.

☐ As signing authority for the department, I also grant posting access to the applicant on the departmental funding source, as noted above. This authorization does not apply to research funds.

Signature: _____ **Date:**_____

(Please print name): _____

Procurement Services use only:

*Monthly $ Limit*_____ *Transaction $ Limit*_____

Procurement Card Administrator Notes: _____ *Date:*_____