



Applicant Information:

First Name/Last Name:

Banner ID # (9 digits): Position Title:

Department Name: Extension:

Email:

Birthdate:
 MM/DD/YYYY

Supervisor's Name:
 (the person who will be approving your monthly statements)

Default Funding Source:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:** _____