



**Applicant Information:**

First Name/Last Name:

Banner ID # (9 digits):  Position Title:

Department Name:  Extension:

Email:

Birthdate:   
MM/DD/YYYY

**Supervisor's Name and email**

(the person who will be approving your monthly statements as per the [Signing Authorities Policy](#). They must be your supervisor or someone in a higher position than your supervisor.) If the cardholder requires financial access to the indexes they will be reconciling to please request access through [FAAM](#).

**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.

Signature:  Date:

(Please print name):

**Procurement Services use only:**

Monthly \$ Limit \_\_\_\_\_ Transaction \$ Limit \_\_\_\_\_

Procurement Card Administrator Notes: \_\_\_\_\_ Date: \_\_\_\_\_