



Forward to the Purchasing Department, 609 Robertson Hall once completed and signed.

Applicant Information:

First Name/Last Name: _____

Home Address: _____

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

Department Name: _____ Extension: _____

Email: _____

Birthdate: _____
MM/DD/YYYY

Default Funding Source:

Fund	Org	Account	Activity Code (if applicable)
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I have read and agree to abide by the Purchasing Policy and the Procurement Card Policy which can be found at
<http://carleton.ca/secretariat/policies/>

Applicant's Signature: _____ Date: _____

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 _____

Purchasing Card Administrator Notes: _____ Date: _____