



eCard Application

Forward to Procurement Services, 609 Robertson Hall once completed and signed.

Applicant Information:

First Name/Last Name: _____

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

Department Name: _____ Extension: _____

Email: _____

Default Funding Source:

Fund	Org	Account	Activity Code (if applicable)
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I have read and agree to abide by the Procurement Policy and the eCard 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 an e-Card. (If the Department Head is the applicant, one-up signature is required)

[] 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, and is not required if the applicant is a signing authority.

Signature: _____ Date: _____

(Please print name): _____

Procurement Services use only:

Monthly \$ Limit _____

Transaction \$ Limit _____

Card Administrator Notes: _____ Date: _____

RFS Approval (If Applicable): _____ Date: _____