Carthage College
Purchasing Card Application

Cardholder Contact information	
Name (Print First & Last)*	
Cost Center Name*	
Cardholder's Title*	
Office Phone*	
E-mail Address*	
Default Cost Center (Dept) *	

Approver Contact information	
Name (Print First & Last) *	
Cost Center Name*	
Approver Title*	
Office Phone*	
E-mail Address*	
Substantiate cardholder's need for a P-Card *	
Estimated monthly expenses that will be charged to card *	

*Required for processing

| Signatures | |

Signature _____ Date _____
(Cardholder)

Approval _____ Date _____
(Cardholder Supervisor)

Approval _____ Date _____
Vice President for Finance / Executive Officer