



UNIVERSITY OF DENVER

Purchasing Card Application

BusServ Use Only:	
Admin	Quest
Empl	Train
Hier	Dist
Fenter	Email

Cardholder Information:

First Name: _____ MI: _____ Last Name: _____

Title: _____

Department Name: _____ Address of Your Building: _____

Cell Phone: _____ Business Phone: _____

Date of Birth: _____ Banner ID Number: _____

I have obtained a copy of the University of Denver Purchasing Card User Manual and understand my responsibilities and that failure to follow the rules and requirements may result in loss of P-Card privileges.

Signature of Applicant

Date

Email Address

Card Coordinator:

Default FOAP:

Division: _____ Fund: _____ Org: _____ Acct: _____

The Card Coordinator reviews the Cardholder's purchases for necessary documentation and compliance with policies and procedures

Printed Name of Card Coordinator

Email Address

Signature of Card Coordinator

Date

Approval Signatures:

Higher Level Approver

The Higher Level Approver reviews the Cardholder's purchases for appropriateness

Printed Name and Title of Higher Level Approver

Signature

Date

Vice Chancellor, Dean, or Division Director

This employee can use their card for travel expenses

This employee will be making card purchases with grant funds

Printed Name and Title of Vice Chancellor, Dean or Division Director

Signature

Date

ORSP Approved (if applicable) _____
Signature Date