Purchasing Card Request Form

Hamilton College Purchasing Card Request Form

PLEASE RETURN TO THE BUSINESS OFFICE

		OB		
Name		_ OK Departme	nt	_
(Card may be issue	ed in name of employe			
Work Phone #:		Cell Phone #:		
Date of Birth: Hamilton ID#: (as shown on Hamilton ID ca		f: n Hamilton ID card)		
Email Address:				
Employee Who W	ill Be Authorizing Tr	ansactions On-line:		_
All information needs to	o be filled out to prevent a rate Card for Purcha			
_			at the card will be revoked it	
Cardholder Name ((printed):			
Cardholder Signature:			Date:	
Vice President Signature:			Date:	
Purchasing Dept. Signature:			Date:	
	PLEASE RETU	JRN TO THE BUSINESS	OFFICE	
Internal Use Only				
Date ordered	Last 4 of Card #	Credit limit	Proxy	
Workflow	Approver	Notific	eations	

Date

Received