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P-CARD USER AUTHORIZATION FORM

LOCATION: _____

_____ IS REQUESTING AUTHORIZATION FOR THE USE
Requestors Name and Job Title

OF PURCHASING CARD: _____ CARD # _____
Cardholders Name Last 4 digits

FOR THE PURPOSE OF _____

DATE NEEDED: _____ DATE RETURNED: _____

VENDOR NAME(S):	FOR AN AMOUNT UP TO:

AUTHORIZED: __ Yes __ No

CARDHOLDER/DESIGNEE SIGNATURE

DATE