



REQUEST FOR PURCHASING CARD

Office of Business Services
Procurement Services
Lee Faris-PCard Administrator
WFaris@rhmail.org

THIS FORM SHOULD BE SENT TO BUSINESS SERVICES WHEN COMPLETED

Date: \_\_\_\_\_

School or Department: \_\_\_\_\_

Cardholder/Position: \_\_\_\_\_

Reconciler/Liaison: \_\_\_\_\_

Training Required (Mandatory for new Cardholders/Liaisons): \_\_\_ Yes \_\_\_ No

Requested Credit Limit: \$ \_\_\_\_\_

Intended Use:

Four horizontal lines for writing intended use.

Principal/Department Head Approval: \_\_\_\_\_

\*\*\*\*\*COMPLETED BY BUSINESS SERVICES\*\*\*\*\*

Terri Smith
Chief of Business Services

Date

Approved \_\_\_ Y \_\_\_ N

Approved Credit Limit: \$ \_\_\_\_\_

Date Processed: \_\_\_\_\_

Lee Faris, P-Card Administrator

Date