



## Purchasing Card Application

### CARDHOLDER INFORMATION

Legal First Name	
Legal Last Name	
Department	
Billing Address	
ECSU Email Address	
ECSU Phone Number	
Employee ID #	

### JUSTIFICATION

Please attach a justification stating why your job function requires you to have access to allow for immediate purchases.

### APPROVAL SIGNATURES:

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

Vice President of Finance: \_\_\_\_\_ Date: \_\_\_\_\_

For questions, please contact **Darren Nosal** ([nosald@easternct.edu](mailto:nosald@easternct.edu)) and/or **Lisa Clark** ([clarklis@easternct.edu](mailto:clarklis@easternct.edu))