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: _____

Cardholder Supervisor: _____ Date:_____

Cardholder Vice President: _____ Date: _____

Vice President of Finance: _____ Date: _____

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

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