COPPIN STATE UNIVERSITY
UNIVERSITY PROCUREMENT CARD PROGRAM
NEW APPLICATION CARDHOLDER INFORMATION FORM

Cardholder Name:	
Division/Department:	
Employee ID#:	
Telephone No.:	
email Address:	
Approver/Supervisor:	

DEFAULT CHARTFIELD COMBINATION

PS DEPARTMENT NO.	FUND NO.	PROGRAM NO.

AUTHORIZATION CONTROLS

MONTHLY CARD LIMIT	SINGLE PURCHASE CARD LIMIT (CAN NOT EXCEED 4999)

Please provide any additional departments and/or projects to be added to your P-Card:

ADDITIONAL CHARTFIELD COMBINATIONS

PS PROJECT NO.	PS DEPARTMENT NO.	FUND NO.	PROGRAM NO.

Employee Signature		**Date:**	
Approver/Supervisor Signature		**Date:**	
Division Vice President Signature		**Date:**	
P-Card Administrator Signature		**Date:**	