



Washington University in St. Louis

Procurement Card Program - Security Access Form

(Last updated 09/28/07)

Please Print - Cardholders Must Print Name Exactly How It Should Appear On the Card
Note: All fields must be completed – Information is required by JPMC for verification purposes

Employee Name: _____ EMPL ID: _____

Date of Birth (mm/yy): _____ E-mail Address: _____ Phone: _____

Access Requirements (check all that apply) Cardholder: _____ Reviewer: _____

Cardholders can review their procard transactions, but can not approve them.

To Be Completed for Cardholders Only

Cardholder Address (Please Complete One):

<u>Danforth</u>	<u>Med. School</u>	<u>West Campus</u>	<u>Other</u>
Campus Box _____	Campus Box _____	Campus Box _____	_____
1 Brookings Drive	660 South Euclid	7425 Forsyth Boulevard	_____
St. Louis, MO 63130	St. Louis, MO 63110	St. Louis, MO 63105	_____

Transaction Limits:

Standard Single Transaction Limit \$1,500 or Optional Higher or Lower Limit _____

Standard Monthly Transaction Limit \$5,000 or Optional Higher or Lower Limit _____

Transaction Default (LC 12 Accounts Only):

Department Number and Fund (if applicable): _____ Budget Object Code: _____ SR Code: _____

Primary Transaction Reviewer (Please Print)

Name: _____ E-mail: _____

Primary Transaction Approver (Please Print)

Name: _____ E-mail: _____

Approvals

I acknowledge that my access is strictly for business use and any non-business use may be subject to disciplinary action. I understand that my personal User ID and Password is for my use only and must not be given to any other individual. I understand that I am responsible for any actions conducted with my PNet User ID. I agree to attend all required PaymentNet User training classes and follow all standards outlined in the Procurement Card Program User's Guide.

Applicant's Signature: _____ Date: _____

Management Approval

I understand the functions of the user role(s) being provided and authorize the access to the individual listed above.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Send completed application form to: Procurement Card Administrator, Campus Box 1147