



Washington University in St. Louis

Procurement Card Program - Security Access Form Reviewer and Approver

(Last updated 09/28/07)

Employee Name: _____ EMPL ID: _____

E-mail Address: _____ Phone: _____

Check if you are a current Procurement Card Holder: _____

Access Requirements (check all that apply): Reviewer: _____ Approver: _____ Other: _____

Department & Cardholder Information

List Department Name & Number:

List Department Cardholders you will be reviewing or approving for:

Or list "ALL" if you are going to be reviewing or approving for all department cardholders

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approvals

Applicant Signature:

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