

Rowan University
UNIVERSITY PURCHASING CARD
Department Authorization Form

Please issue a Rowan University Purchasing Card to the following individual:

Name: _____

Position: _____

Department: _____

Department Phone No: _____

FOAPAL: _____

Cardholder

I understand that no personal purchases may be made using this card, even with the intent of reimbursing the University and that personal charges will result in the immediate revocation of my card and could subject me to disciplinary action. I agree to abide by all policies and procedures applicable to this program, which may be published from time to time.

Cardholder (Please print)

Signature

Banner ID #
(for Identification Purposes Only)

Date

Department Head or Next Reporting Level

I agree to monitor and accept responsibility for adherence to all policies and procedures applicable to this program. Should a cardholder transfer out of the department, or terminate employment with Rowan, I will reclaim the card from the cardholder and return it to the Purchasing Department. I will immediately report any unauthorized purchases, whether by the cardholder or unknown person or persons, to the Purchasing Department.

Department Head or Next Reporting Level
(Please print)

Signature

Date

Vice President/Provost Approval

Date