

LOUISIANA TECH UNIVERSITY  
PURCHASING DEPARTMENT



CARDHOLDER ENROLLMENT FORM

New     Change     Delete/Close Cardholder Account # \_\_\_\_\_

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**Section I: To be completed by Cardholder:**

Name (26 spaces max) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Department Name (26 spaces): \_\_\_\_\_

Department Code to be charged: \_\_\_\_\_

Department  
Address (PO Box): \_\_\_\_\_

City & State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Business Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LA Tech Email  
Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Department Head  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section II: To be completed by Division Administrator (Purchasing Department):**

Cardholder Authorization Parameters

Single Transaction Limit:                      \$ \_\_\_\_\_ (Max \$1000)

Spending Limit Per Cycle                      \$ \_\_\_\_\_ (5<sup>th</sup> to 5<sup>th</sup> each month)

I approve the above named individual's request for a Purchasing Card.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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PROCARD Use Only    Hierarchy:    Level 1 5511616    State of Louisiana  
Level 2 0000002    Non-ISIS Agencies  
Level 3 0011904    Louisiana Tech University  
Level 4 \_\_\_\_\_    Vice President for each Division  
Level 5 \_\_\_\_\_    Deans within each College  
Level 6 \_\_\_\_\_    Department Heads within each College  
Level 7 \_\_\_\_\_