

LACARTE ENROLLMENT

AS700

Request Date

Department		
Contact		
Phone	E-mail	

SECTION A: CARDHOLDER INFORMATION				
Employee (Name on Card)				
Workday ID				
Phone			E-mail	
Room/Building			City/State/Zip	
Pay Type 🛛 Academic	□ Graduate Assistant		Salary	Wage
Company # / Cost Center (e.	g., 10CC00408)			

	SECTION B: PURCHASING AUTHORITY	
Single Transaction Limit	□ Max \$1000 □ Max \$5000	NO CASH ACCESS

SECTION C: TRAVEL AUTHORITY			
Single Transaction Limit	□ Max \$5000	□ Travel Arranger (For departmental use only in lieu of CBA)	NO CASH ACCESS

I approve the above-named individual's use of a University procurement card.

Approved by

Department Head

Printed Name

Date

FOR ACCOUNTING SERVICES USE ONLY

	HIERARCHY
FTE%	