

**Pni Indiana University of Pennsylvania
Initial Enrollment**



Fill in ALL blanks in Section A and return to Purchasing Card Administrator.

Section A -- Cardholder Information – PLEASE PRINT

Cardholder Full Name

(First Name, Last Name)

Last 4 digits of Banner ID

Department Name

Email Address

Campus Address

Office Phone #

Default SAP Cost Center / WBS

Financial Manager Signature: _____

Date: _____

Cardholder Immediate Supervisor Signature _____
(if different than Financial Manager signature above)

Date: _____

**Section B – Do Not Write Below This Line
To be completed by Purchasing Card Administrator**

Signature Authority Verified by _____ Date _____

Entered on Works _____