Indiana University of Pennsylvania
Pni   InAialoEmrollment

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

Section A -- Cardholder Information – PLEASE PRINT

Cardholder Full Name   Last 4 digits of Banner ID
(First Name, Last Name)

Department Name   Email Address

Campus Address   Office Phone #

Default SAP Cost Center / WBS

Financial Manager Signature: _____   Date:_____

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

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

Signature Authority Verified by _____   Date _____

Entered on Works _____