



SUL ROSS STATE UNIVERSITY

A Member of the Texas State University System

Procurement and Business Services

New Procurement Card Order Form

Department Name: _____

Cardholders Legal Name: _____
(Limit 24 characters)

The following information is needed to complete the Citi Application for the new card:

Select Campus Location: Alpine RGC

Department P.O. Box Address:

Business Phone Number:

SRSU ID:

SRSU Email Address:

P-Card Transaction Limit: P-Card Monthly Limit:

I acknowledge review of the Sul Ross policy surrounding the applicable P-Card requested, including the list of restricted purchases and confirm that I understand and will comply with all the terms and conditions.

Cardholder Signature: _____ Date: _____

Account Manager Approval: _____ <p style="text-align: center;"><i>Signature</i></p>	Date: _____
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Please send request to srsupcard@shsu.edu upon completion

To be completed by SRSU Procurement and Business Services Department

SRSU VP Finance Approval: _____ **Date:** _____