



P-CARD ENROLLMENT FORM

ACCOUNTHOLDER INFORMATION

Accountholder Name _____ Banner ID# _____
E-mail Address _____ Telephone # _____
Department _____ Building & Room# _____
Date _____ Signature of Accountholder _____
Fund Numbers: _____, _____, _____, _____, _____, _____

APPROVER INFORMATION

Approver Name _____ Banner ID# _____
E-mail Address _____ Telephone # _____
Department _____ Building & Room# _____
Date: _____ Signature of Approver _____

DEPARTMENT HEAD INFORMATION

Department Head Name _____ Banner ID# _____
E-mail Address _____ Telephone # _____
Department _____ Building & Room# _____
Date _____ Signature of Department Head _____

SCOPED AUDITOR INFORMATION

Scoped Auditor _____ Banner ID# _____
E-mail Address _____ Telephone # _____
Department _____ Building & Room# _____
Date _____ Signature of Scoped Auditor _____
