

# Seattle University ProCard Application Form

Today's date\*

## 1: APPLICANT INFORMATION

Full First Name\*

Last Name\*

Date of Birth\*

Last 4 of SS #\*

SU I.D.\*

Home phone number\*

Full campus Phone No.\*

SU Email Address\*

## 2. DEPARTMENT

Department Name\*

fund x 2 - location x 1 - function x 1 - activity x 6\*

## 3. HOME ADDRESS

Street Address - No P.O. Box\* - (Must match address on file with HR)

Street Address Line 2 - if applicable

City\*

State\* Zip Code\*

## 4. CARD GROUPING

Who held your card previously\*:

Who else is on your team\*:

Helpful details:

## 5. REQUESTED CARD TYPE

Purchasing Card

Travel & Entertainment Card

Card reassignment - Last four of existing card \_\_\_\_\_

Requested Credit Limit\*

Reasoning for requested credit limit\*

## SIGNATURES & APPROVALS

Applicant's Name\*

Applicant's Signature\*

Date\*

Financial Mgr or Higher Level Financial Mgr for the Default Account\*

Approval Signature\*

Date\*

Controller's Office

Controller's Office Signature

Date\*

\*Required information

Please return the original electronic - signed form to the ProCard Email - [procard@seattleu.edu](mailto:procard@seattleu.edu)

Questions? Contact [Procard@seattleu.edu](mailto:Procard@seattleu.edu)

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