

PROCUREMENT CARD (P-CARD) CARDHOLDER/CUSTODIAN DELEGATED AUTHORIZATION FORM

Cardholder/Custodian Name: _____

Last Four Digits of the Card: _____

As the cardholder/custodian, I authorize _____, a full-time faculty or staff to make purchases on my behalf using the P-Card noted above during the date(s) of

_____ to _____

Cardholder/Custodian Signature: _____ Date: _____

Delegate Signature: _____ Date: _____

STUDENT WORKER DELEGATED AUTHORIZATION INFORMATION

As the cardholder/custodian, I authorize, _____, a student worker, to make purchases on my behalf using the P-Card noted above during the date(s) of

_____ to _____

Cardholder/Custodian Signature: _____ Date: _____

Student Worker Signature: _____ Date: _____