

Washburn University
Procurement Card
Application Form

Date: _____

Department Card Individual Card To add/change an approver only

Applicant Name: _____ WIN # _____

Department: _____

Applicant email: _____ Phone Ext: _____

Dept General FOAPAL:
Fund _____ Organization _____ Activity _____ Program _____

Applicant Signature: _____

Name of monthly approver: _____

Signature of Approver: _____

If Approver is not the Department Head:

Name of Department Head: _____

Signature of Department Head: _____

COMMENTS:

Once signed by appropriate parties, send either to Purchasing, 1700 SW College, Morgan 214, Topeka, KS 66621; e-mail purchasing@washburn.edu or Fax 785-670-1114.

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Purchasing Department Use:

Approved: _____ Date: _____

Requested: _____ Received: _____