

**Lewis & Clark College**  
**Purchasing Card Enrollment Form**

**Card Holder Information**

Name on card (First, Middle Initial, Last) \_\_\_\_\_

Title: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Campus Phone#: \_\_\_\_\_

Department Name \_\_\_\_\_ Department Acct No. \_\_\_\_\_

Mailbox (MSC) Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_@lclark.edu

Default Expense Account (xx-0-xxxx-xxxx) \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - XXXX (ie 40-0-5301-XXXX)

Additional Fund-Division-Dept Codes needed: \_\_\_\_\_

Proxy Cardholder (if assigned) \_\_\_\_\_

**Card Controls**

Spending Limit per Cycle - \*Any amount over \$5,000 needs an explanation as to reason for higher limit.

☐ \$2,500      ☐ \$5,000      ☐ \$7,500\*      ☐ \$10,000\*

☐ \*Other \$\_\_\_\_\_ Reason for Cr Limit \_\_\_\_\_

Does this Cardholder have Access to Federal Grant Accounts? ☐ Yes      ☐ No

If yes, Single Transaction Limit of \$3,500 will be applied to all transactions.

Are you likely to travel outside the U.S. for College business?      ☐ Yes      ☐ No

\_\_\_\_\_  
Card Holder Name (Print)

\_\_\_\_\_  
Card Holder Signature      Date

\_\_\_\_\_  
Manager Name (Print)

\_\_\_\_\_  
Manager Signature      Date

\_\_\_\_\_  
Business Office / Controller (Print)

\_\_\_\_\_  
Business Office / Controller Signature      Date

**This Section For Business Office Use Only**

Group Name \_\_\_\_\_ Profile Name \_\_\_\_\_

User ID \_\_\_\_\_

Date Card Ordered \_\_\_\_\_ Ordered by (Initials) \_\_\_\_\_

Added To: Reporting \_\_\_\_\_ CH Sprdsht \_\_\_\_\_ Welcome Email \_\_\_\_\_