



Purchasing Card Enrollment

All personal information fields and signatures are required.

Full Legal Name: _____
First Middle Last

Department: _____ **Phone Number(s):** _____

Email Address: _____

Signatures:

Employee- *Person requesting the card to be issued in their name*

Date

I certify that I am requesting a City of Maple Heights P-Card and I understand and agree to the terms set forth herein. I agree that I will relinquish my P-Card to the City upon termination of employment or when requested to do so. I understand that failure to use the P-Card in accordance with all rules and regulations may require relinquishing the P-Card and may result in disciplinary action.

Department Head- *Mayor, Director or Chief*

Date

The Department Head, by signing this Agreement, acknowledges and accepts his/her responsibilities in the administration of this program as detailed in the P-Card Policy and Procedures.

Finance Department's Office Use Only:

Procurement Authorization (Signature and Title)

Date