NORTHEASTERN STATE UNIVERSITY

Purchasing Card or SDOL User Access Request Form

Type of Request

☐ New Card Request	☐ Change Request	☐ Deletion Request

Personal Information

First Name:		Middle Initial:	Last Name:
Email Address:		Banner ID: N	
Title:		Department:	
Phone:		Campus:	
Country of Citizenship:		Home Address:	
Date of Birth:			

Card Information and Controls

Default Fund:	Default Org:	Default Account:	Default Program:
Role(s) – *Use checkboxes*: ☐ Cardholder ☐ Approving Manager ☐ FOAP Coder *(ability to change FOAP numbers per transaction)*		Monthly Credit Limit *(not to exceed $10,000)*:	
		Single Transaction Limit *(not to exceed $2,500)*:	

Signatures and Date

_____
Signature of Cardholder   Date

_____   _____
Print Approving Manager Name   Signature of Approving Manager   Date

_____   _____
Print Department Head Name   Signature of Department Head   Date

_____
Signature of Business Affairs Director   Date

Send completed form to the PCard Administrator, Tahlequah, Administration 100

Updated January 2025