



# ILLINOIS INSTITUTE OF TECHNOLOGY

## REQUEST FOR PROCUREMENT CARD

Application must be approved by the **authorized FOP signer**. Please submit via campus mail or fax to:  
Purchasing Dept., MB, RM 201 Fax (312) 567-6808

### Cardholder Information

			Social Security # XXX - XX - _____
Cardholder Name _____			Date of Birth __ / __ / 19 __
Title _____	Department _____		Mother's Maiden Name or Password _____
Street Address _____	Bldg & Room # _____	Campus _____	IIT Email Address _____
City _____	State _____	Zip Code _____	IIT Phone Number _____

FOP Number to Link to PCard	FUND					ORGANIZATION				PROGRAM			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Reporting Hierarchy Levels

Approving Official Name (please print) \_\_\_\_\_  
(Authorized FOP Signer)

### Cardholder Approvals

Applicant's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

Employee's Manager/Designee \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

### \*\* Controls (To be completed by Program Administrator) \*\*

<b>CREDITS</b>	<b>FOP ACCOUNT</b>
Monthly Limit \$ _____	GRANT ACCOUNT
MCC Groups - Single Transaction Limits:	<input type="checkbox"/> Yes Expiration Date _____
GENERAL \$ _____ TRAVEL \$ _____	<input type="checkbox"/> No Budget Available \$ _____

### \*\* Approvals (To be completed by Program Administrator) \*\*

Approved by: (Please Print) _____	Signature _____	Date _____
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