



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:
Esmeralda Jiménez, Procurement Program Mgr, Purchasing Dept., MB, RM 201 Fax (312) 567-6808

Cardholder Information

Cardholder Name			Social Security # XXX - XX - _____																														
Title			Date of Birth __ / __ / 19 __																														
Street Address		Bldg & Room #	Campus		Mother's Maiden Name or Password																												
City		State	Zip Code		IIT Email Address																												
FOP Number to Link to PCard	<table border="1"> <tr> <th colspan="6">FUND</th> <th colspan="4">ORGANIZATION</th> <th colspan="4">PROGRAM</th> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </table>		FUND						ORGANIZATION				PROGRAM																				
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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) **

CREDITS	FOP ACCOUNT
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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