

Rowan University
UNIVERSITY FUEL CREDIT CARD
Department Authorization Form

Name: _____

Position: _____

Email: _____ **Phone:** _____

Department: _____

Department Phone Number: _____ **FOAPAL:** _____

Number of Department Cards: _____ (Department Card Only)

Department Head or Next Reporting Level: I agree to monitor and accept responsibility for adherence to all policies and procedures applicable to this program. Should a reviewer / cardholder transfer out of the department, or terminated employment with Rowan University, I will reclaim the card from the cardholder and return it to the Contracting and Procurement Department. I will immediately report any unauthorized report any unauthorized purchases, whether by the card holder or unknown person(s), to the Contracting and Procurement Department.

Department Head or Next Reporting Level

(Please Print)

Signature

Date

Vice President/ Provost Approval

Signature

Date