

Rowan University Purchasing Card Program

Purchasing Card Authorization Form

Contact Information	
Date	
Contact Name	
Email	
Department	

Purchase Description (by item) <i>Auto-renewals are prohibited</i>	Amount
Total	

Reason for Requesting Use of Purchasing Card

Debit Department (Charge-To)				
Fund	Organization	Account	Program	Cost
Total				

Supporting documentation is required with this form. Permission to use the procurement purchasing card will only be granted upon receipt of fully executed form.

Department Head Name <i>Print</i>	Department Head Signature <i>Manual or Digital ID with Date</i>

For Internal Use Only	
Documents Received	Purchasing Sign Off