

A. APPLICANT INFORMATION REVIEWER APPROVER Date of PCard Training:

Last Name	First Name	MI	Title
Department Name	Building	Room #	Mail Stop
Login Name	Campus Phone	Home Phone	Email Address

B. CARDHOLDERS NAME(S) Reviewer/Approver for (may list more than one cardholder):

C. ONLINE DATA USER ACCESS ROLE (Indicate which Access Role the User ID should receive)

Manager: Views his/her transactions and those within his/her Hierarchy Level and ID.
 Division: Views his/her transactions and all Hierarchy IDs from his/her point down in the hierarchy.
 CFO: Views all transactions, but cannot configure online data settings.
 Other: _____

D. APPLICANT SIGNATURE

I understand that this access is to be used for Western Washington University business purchases only and is not to be used for any personal use. I also acknowledge that all purchases must comply with the policies and procedures, terms and conditions of the University Policy & Procedures and the laws of the State of Washington. I understand that I will be held responsible for any action deemed inappropriate and not within the terms of the University of Card Provider agreement and that WWU may terminate my access for any reason.

Signature of Applicant	Date
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E. APPROVAL OF USER ACCESS

Approval by Applicant's Supervisor **and** Budget Authority (if different) is required.

Signature of Supervisor	Title	Date
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Signature of Budget Authority	Title	Date
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For Office Use Only

BA ____ Emp Ver ____ DB ____ Hierarchy _____ Hierarchy Level ____ Role ____
 Application Rec'd _____ Access to online systems _____ Rev _____