



The University of Louisiana Monroe
 La Carte Purchasing Card (P-Card)
 Approver Enrollment / Annual Review Form

New Change (Profile / Department) Delete
 Annual Review Date: _____ No Changes

SECTION I: GENERAL INFORMATION (To be completed by Approver)

Approver Name _____

Approver Campus Wide ID (CWID) _____

Parent Group Name (E.g., VP Academic Affairs, etc.) _____

Group Department / Section Name (complete name) _____
 (E.g., College of Bus & Soc Sci, etc.)

Job Title / Duties / Responsibilities _____

Office Mailing Address _____

City _____, LA Zip: _____

ULM Business Phone No. (including area code) _____

ULM Email Address _____

Approver Signature & Date: _____

SECTION II: I AM THE APPROVER FOR THE FOLLOWING P-CARD CARDHOLDERS (print name(s))

1.	5.
2.	6.
3.	7.
4.	8.

I, _____ (print Approver name), as the APPROVER for the above Cardholder(s), acknowledge that I am responsible for verifying that all charges against the Cardholder's account(s) are authorized and supported by adequate documentation.

Approver Signature

Date

SECTION III: PURCHASING APPROVAL (To be completed by Purchasing)

Program Administrator Signature

Date: