SOUTHWESTERN OKLAHOMA STATE UNIVERSITY

REQUEST TO ISSUE PURCHASE CARD

☐ **New** ☐ **Change** ☐ **Delete/Close**

Reason for closing: _____

Cardholder name:_____

Department: _____

Social Security number (last four digits): _____

Date of birth: _____

Is card holder the budget head of this department?_____

If not, please name the budget head: _____

Signature of requestor: _____ **Date** _____

Signature of Budget Head: _____ **Date** _____

Additional Authorization:_____ **Date** _____

Approval by Comptroller: _____ **Date** _____