



University of Waterloo
Purchasing Card
Application Form



Please print this form and fill in the appropriate information for each individual applying for a Purchasing Card. This form must be signed by the applicant and authorized by a Dean, Director, Chair or Department Head and then forwarded to the Finance Department.

Applicant Information:

Last Name/First Name/Prefix: \_\_\_\_\_

University of Waterloo Employee Number: \_\_\_\_\_ Position Title: \_\_\_\_\_

Department Name: \_\_\_\_\_ Phone number and extension: \_\_\_\_\_

Department Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Significance e.g.: child's birthday, anniversary MM YY (To be remembered for card activation and security purposes.)

Reviewer Information (if applicable):

Last Name/First Name/Prefix: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department Address: \_\_\_\_\_

Phone number and extension: \_\_\_\_\_ Email: \_\_\_\_\_

University of Waterloo Default Accounting Flex Field (AFF):

All charges will default to this AFF if they are not reconciled on the Scotiabank website after the designated time limit.

Org. Unit Activity Fund Fund Class Project Object Product Phase

If you need access to additional ORG units, please list them here:

To be completed by a Dean, Director, Chair or Department Head. My signature indicates that I authorize the applicant on this form to use the University of Waterloo Purchasing Card under the approved procedures and guidelines.

Dean, Director, Chair or Department Head Name: (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be signed by the applicant. My signature indicates that I agree to use the University of Waterloo Purchasing Card under the approved procedures and guidelines and will be responsible for reconciling my Purchasing Card transactions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the reviewer. My signature indicates that I agree to oversee and/or reconcile the Purchasing Card activity for the applicant.

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (if applicable)

Finance Department use only:

Purchasing Card Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Finance Approval: \_\_\_\_\_ Date: \_\_\_\_\_