

(Department Name)

## Purchasing Card Acceptance Form

CARDHOLDER NAME

CARD NUMBER (Enter last 8 digits)

CARD EXPIRATION DATE

DIVISION PURCHASING CARD COORDINATOR

I certify receipt of the above card and that the Purchasing Card will be kept in a secured location until given to the cardholder. The card information will be kept confidential and will not be given to unauthorized personnel.

Signature \_\_\_\_\_

Date \_\_\_\_\_