



# Seattle University Controller's Office Procard Application Form

PLEASE COMPLETE FORM ELECTRONICALLY

## 1: APPLICANT INFORMATION

Full First Name\* M.I. Last Name\* Date of Birth\* Last 4 of SS #\* SU I.D.\*  
Country of Citizenship\* Campus Phone No: SU Email Address\*

## 2. DEPARTMENT

Department Name Fund Department

## 3. HOME ADDRESS

Street Address - No P.O. Box\*  
Street Address Line 2 - if applicable  
City\*  
State\* Zip Code\* Country

## 4. BUSINESS ADDRESS

Street Address - No P.O. Box\*  
Street Address Line 2 - if applicable  
City\*  
State\* Zip Code\* Country

## 5. REQUESTED CARD TYPE

Purchasing Card  Travel & Entertainment Card  Purchase/Travel/Entertainment Card

Requested Credit Limit

Reasoning for requested credit limit: (only if requested credit limit is greater than \$2,500)

## SIGNATURES

Applicant's Name	Applicant's Signature	Date
Supervisor's Name	Supervisor's Signature	Date
Controller's Office	Controller's Office Signature	Date

Please return the original signed form to the Controller's Office in the O'Brien Center located at 1218 E. Cherry Street (behind the Shell Gas Station) or email the digitally signed form to [Procard@seattleu.edu](mailto:Procard@seattleu.edu).