SOUTHERN METHODIST UNIVERSITY
CARDHOLDER ENROLLMENT FORM

Please be sure to complete all fields. Applications with any missing information will be returned.

EMPLOYEE INFORMATION

New Employee ◯ Transferred Employee ◯ Have you ever obtained an SMU Procurement Card? Y ◯ N ◯

If yes, Department Name:_____ Employment Status FT ◯ PT ◯

Temporary employees will not be issued a pcard.

First Name | Middle Initial | Last Name

Cardholder Address (Campus Street Address) | City | State | Zip Code 75205

Statement Address (SMU P.O. Box #) | City | State | Zip Code 75275

E-mail Address | Business Phone | Residence Phone

Date of Birth (mm/dd/yyyy) | **0** SMU Employee ID

Single Transaction Limit | Monthly Credit Limit

Acct # | Fund. | Org | Academic School and/or Department Name

Cardholder Access to PaymentNet: Cardholder only ◯ Managerial ◯ Divisional ◯

Independent Reviewer Name | Independent Reviewer Signature

APPROVAL SIGNATURE

Applicant's Signature / Date | Authorized Manager's Signature / Date | Financial Officer's Signature/Date

(Printed Name) | (Printed Name) | (Printed Name)

Procurement Services Use Only: Account Number_____

1)____ Cardholder Maintenance 2)____ PaymentNet – Employee Profile

3)____ Administration Set-up 4)____ PaymentNet – Hierarchy Mgmt #___ _____

5)____ Pcard List Server 6)____ Reviewer Listing