



NC DEPARTMENT OF PUBLIC SAFETY

Procurement Card Enrollment

Cardholder's Name (To be printed on Procurement Card. Limited to 24 characters; no punctuation permitted.)

Job Title _____

Position Number _____

Location _____

Location Phone/Fax Numbers

Address _____

Phone _____ Ext. _____

City _____ State _____ Zip _____

Fax _____

Transaction Limit Requested \$

Monthly Limit Requested \$

Authorization

1. Authorized to Request Procurement Card (Supervisor, Plant Manager, Director or designee)

(Printed /typed name) _____ (Signature) _____ (Date)

Job Title _____

2. Authorized to Approve Request (Division Director or designee)

(Printed /typed name) _____ (Signature) _____ (Date)

Job Title _____

For Department Card Administrator Use Only

Authorized Dollar Limits

Transaction

Monthly

(Department Card Administrator printed name) _____ (Department Card Administrator Signature) _____ (Date)

(Director of Procurement and Logistics or Designee printed name) _____ (Director of Procurement and Logistics or Designee Signature) _____ (Date)

**Send all forms to: Procurement Support Services
Hammond Business Place
MSC 4227
Raleigh, NC 27699-4227**