

APPOINTMENT REQUEST FORM

TO: Consultant/Administrator Name
Procurement Services
Campus Address

FROM: _____ [Name of Approving Official]
_____ [Title of Approving Official]
_____ [Campus Address]

DATE: _____

SUBJECT: Continuation of Purchasing Card Privileges for _____
[Cardholder Name]

_____ is not a University employee but has been
[Cardholder Name]
granted an appointment with the University and _____. He/She will
[Company Name]
need a purchasing card during the appointment with the University.

_____ understands that this purchasing card, because of
[Department Name]
the cardholder's appointment status does not have dispute rights or MasterCard Liability coverage
through MasterCard and JPMorgan Chase. This department considers him/her to be a responsible
person and will assume full responsibility for any disputes or misuse occurring on this purchasing card.

[Approving Official Signature]

[Dean/Dept Head Signature]

[Approving Official Printed Name]

[Dean/Dept Head Printed Name]

May 5, 2008