

TYPE OF CARD: P Card(9013) Travel Card(0411)

EMPLOYEE INFORMATION (Must be Printed)

First Name Middle Name Last Name

Department Campus Phone Country of Citizenship

Business Street/Shipping Address Address Line Two

OBERLIN OHIO 44074- _____
City State Zip w/plus four E-Mail Address

Home Address City State Zip Code w/plus four

Date of Birth (MM/DD/YY) Home Phone Number Cell Phone Number

SSN (Last 4 characters Only) Employee ID (T#) Security ID
(1st four letters of mother's maiden name)

If applicable, I approve the appointment of : _____
Employee Name

Office Address

as a designated "cardholder liaison" to assist the designated cardholder with documentation and monthly reconciliation requirements.

CONTACT INFORMATION (Please return application to: PURCHASING & AUXILIARY SERVICES)

Karl Hermes 440-775-6282
Kris Weber 440-775-8838

Applicant, by signing this form you acknowledge the terms of the Oberlin College Purchasing Card Agreement.

Default FOAP: 10010 7001
Fund Org/Index Account Program

EMPLOYEE /APPROVAL SIGNATURES

Applicant/Cardholder signature Date Print name

Department Head signature Date Print name

Division Head signature Date Print name