



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 # _____

Location _____ Admin# _____

Location Phone/E-Mail

Address _____

Phone _____ Ext. _____

City _____ State _____ Zip _____

E-Mail _____

Single Transaction Limit

Monthly Transaction Limit

Company/Acct/Fund/Center

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

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

Send all forms to: Purchasing & Logistics
3030 Hammond Business Place
MSC 4227
Raleigh, NC 27699-4227
E-Mail: PLSupport@ncdps.gov