



## Procurement and Business Services

### New Card Order Form

**Requested Card Type:**

P-Card

Travel

**Department Name:** \_\_\_\_\_

**Department Card Name** *(For P-Card ONLY):* \_\_\_\_\_

*(Limit 24 characters)*

**Cardholders Legal Name** *(For Travel Card ONLY):* \_\_\_\_\_

*(Limit 24 characters)*

The following information is required to complete the USBank or WEX Application for the new card:

Department P.O. Box Address	
Business Phone Number	
SHSU ID	
Email Address	

*I acknowledge review of the policy surrounding the applicable P-Card/Travel card requested, including the list of restricted purchases and confirm that I understand and will comply with all the terms and conditions.*

Cardholder/Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Head Approval:** \_\_\_\_\_  
Signature

**Vice President Approval:** \_\_\_\_\_  
*(Required for P-Card request)* Signature

**Travel Card Request Submit to:** [travel@shsu.edu](mailto:travel@shsu.edu) **PCard Request Submit to:** [shsupcard@shsu.edu](mailto:shsupcard@shsu.edu)

PCard/Travel Office use only

**Card Administrator Approval:** \_\_\_\_\_  
Signature