



LAWRENCE UNIVERSITY
APPLETON, WISCONSIN

Purchasing Card Request Form

Employee Name:

Date:

Title:

Department:

Office phone number:

Cell phone number:

LU ID#:

LU Email address:

Last four social security #:

Month,Day & Year of Birth:

Home address:

Credit limit requested (increment of \$1000 – resets every two weeks):

REASON for requesting an LU purchasing card:

TYPES of expenses you will be incurring:

Employee cardholder signature:

Supervisor approval:

Please fill in the PDF form, print, sign and send to Financial Services for processing. Allow 10 business days for processing.