



Sam Houston State University
A Member of the Texas State University System
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 Citi 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: _____

<p>Department Head Approval: _____ <div style="text-align: right;">Signature</div></p> <p>Vice President Approval: _____ <i>(Required for P-Card request)</i> Signature</p>
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Travel Card Request Submit to: travel@shsu.edu **PCard Request Submit to:** shsupcard@shsu.edu

<p>PCard/Travel Office use only</p> <p>Card Administrator Approval: _____ <div style="text-align: right;">Signature</div></p>
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