

MISSOURI STATE UNIVERSITY
PROCUREMENT CARD PROGRAM
DEPARTMENT COORDINATOR DESIGNATION FORM

Department	
Department Coordinator (Last name, First Name)	
Telephone Number	
Position	
E-mail Address	
Campus (Select One)	West Plains Springfield
Back-Up Department Coordinator (if any)	
Telephone Number	
E-mail Address	

List cardholder accounts you need access to: (mention only cardholder names and not credit card numbers)	

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Date

Department Coordinator Signature

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Date

Department Budgetary Authority Signature