

REQUEST TO USE PRO CARD

Student Involvement and Leadership
 019 Student Union
 3640 Colonel Glenn Hwy.
 Dayton, OH 45435-0001
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 FAX: 937-775-5573
sil@wright.edu

Please allow at least 10 business days for processing.

If more space is needed, please complete an additional form.

I. Organization Information			
Name of Organization			
F.O.P. Accounting Codes	_____	_____	_____
Organization Representative and Title			
Email Address			

II. Procurement Card Information			
Home Department			
Name on Card <small>(if unknown, leave blank)</small>		Last Four Digits on Card <small>(if unknown, leave blank)</small>	_____
Total Amount Increase for Single Transaction	\$	Start Date of Increase	
Total Monthly Limit (After Increase)	\$	End Date of Increase	

III. Merchant/Payee Information			
Merchant #1 Name		Amount Budgeted	\$
Goods or Services to Purchase			
Merchant #2 Name		Amount Budgeted	\$
Goods or Services to Purchase			
Merchant #3 Name		Amount Budgeted	\$
Goods or Services to Purchase			

IV. Request Documentation	
Justification for Critical Purchase	
SIL Approval	
Business Manager Approval	
Controller Approval	