## **Wellesley College Purchasing Department**

## ProCard and Travel Card Enrollment Form

Applicant Name:			Check All
Applicant Department:			That Apply:
Applicant Email:			ProCard
Applicant Phone Number:			
Applicant Employee ID:			
Cost Center Manager Name:			Travel Card
Cost Center Manager Email:			
Requested Card Limits:	Single Purchase Limit (To choose our default limit of \$5,000, please leave blank.)	(To choose ou	rchase Limit or default limit of se leave blank.)
APPLICANT SIGNATURE		DATE	
COST CENTER MANAGER SIGNATUREDATE		DATE	
APPLICANT AND COST CENTER MANAGER ACKNOWLEDGEMENTS			
I acknowledge and confirm that I have read, understand, and agree to Wellesley College's Policies and Procedures related to ProCards and Travel Cards and have read and understand the Business Conduct Policy. I understand that Wellesley College is liable to Bank of America for all Wellesley College charges.			
ProCards and Travel Cards and have r	ead and understand the Business Conduct Poli	•	
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