## Yale

Revised 7/1/2017

Instructions: Please fill out the application information in the **Applicant Name** section and forward to your Business Office. The Business Office will review the form and email it to <u>purchasing.card@yale.edu</u>.

То:	Manager Electronic Commerce
Date:	(MM/DD/YYYY)
From:	Lead Administrator or Operations Manager (print): Lead Administrator or Operations Manager (signature): Department:

Applicant Information Please provide the following information and deliver this form to your Lead Administrator/Operations Manager for completion and approval					
Name as it appears on card:					
Card Number (last 4 digits only):					
Department:					
Phone Number:					
Email Address:					

Explanation for Original Card Suspension						
Difficulty obtaining receipts from suppliers Not initially clear about program requirements	Inappropri Personally	riate use ly unavailable (e.g. out of country)				
Other (please specify):						
Corrective actions taken since suspension:						
Is the Cardholder now in full compliance with Program Requirements?	Yes	No				

For Controller's or Electronic Commerce Office Use Only						
Approved	Denied					
Authorizing Signature and Date:						
Controller Comments:						

Card to be reactivated with Controller's Office or Electronic Commerce Office authorization only. Controller's Office or Electronic Commerce Office will advise Cardholder's Business Office and the Purchasing Card Office of action via email of this form.