

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)

(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	
BusinessPhone Number	
SHSU ID	
Email Address	

I acknowledge review of the policy surrounding the applicable 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: _____

PCard/Travel Office use only