

Requester's Name: \_\_\_\_\_

***PS Financial System  
Procurement Card Approval Request***

*Access will be granted when appropriate training assessment(s) passed, if applicable. Access granted will include the role(s) indicated above and access to the run/view reports and queries in the Reporting Instance.*

*Please use the "Statement of Business Need" section to provide an explanation of the requester's need to modify Clusters and/or Approvals.*

Procurement Card Approvals

<i>Cluster Director Authorization</i> <b>Printed Name:</b>		<i>Cluster Director Signature:</i>	
<i>Cluster Director's Email address:</i>		<i>Phone Number:</i>	<i>Date:</i>