

PEPPERDINE UNIVERSITY

UNIVERSITY CREDIT CARD PROXY REQUEST

Financials Access is required prior to Proxy Request processing.

Cardholder Information (All fields are required)

Name (Last, First, MI) _____ Campus-Wide ID _____

Proxy Information (All fields are required)

Name (Last, First, MI) _____ Campus-Wide ID _____
Department _____ Campus _____ Extension _____

I approve the named individual to be a proxy for the cardholder listed above.

Cardholder (Signature) *Print Name* *Date* *Extension*

Cardholder's Supervisor (Signature) *Print Name* *Date* *Extension*

Internal Use Only:

<i>Request Entered By (Initial)</i> _____ <i>Date</i> _____

Return Completed Form to the Accounts Payable Office - Mail Code 4721