

**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