



REQUEST FOR DEPARTMENT PROCARD

**Lamar University - Beaumont, Texas
Mastercard**

Name on Card: _____ Lamar ID ("L" Number): _____

SSN: _____ Lamar email: _____

Campus PO Box:

Campus Telephone: _____ Mobile Phone: _____

Department: _____

Budget Index Number: _____

Index Budget Manager Signature (ink): _____ Date: _____

Index Approver Signature (ink): _____ Date: _____

Name on Card Signature (ink): _____ Date: _____

For security purposes, do not send by email. Completed, signed form must be placed in Campus Mail (P.O. Box 10003, ATTN: Marc Paine) or hand delivered to:

Marc Paine
Plummer Building
Section C
Suite 116-B