



**NON-CARDHOLDER
REQUEST FOR PAYMENTNET ACCESS ONLY**

NON-CARDHOLDER INFORMATION

First Name: _____ Initial: _____ Last Name: _____
Employee ID number: _____ Department Name: _____
Department Phone Number: _____ E-Mail Address: _____
PaymentNet Password: Western1 (temporary) _____

PAYMENTNET INFORMATION

Access Level (Please Check One)

- 0 – Cardholder access (Views only departmental transactions)
- 1 – Approver access (View/Approve all transactions within their department)
- 2 – Manager access (Views all transactions within their department and all departments beneath their department)
- 3 – Other – Please give explanation _____

APPROVAL SIGNATURES

Applicant Signature & Date

Applicant Name (Printed)

Department/Division Head's Signature & Date

Department/Division Head's Name (Printed)

FOR USE BY P-CARD ADMINISTRATORS ONLY

P-Card Administrator Signature & Date

P-Card Administrator Name (Printed)

Date set-up in PaymentNet _____ Date added to contacts _____

P-Card Administrator Signature & Date

P-Card Administrator Name (Printed)

Training Date _____ Date Manual issued _____