



Navajo Nation WellsOne Commercial Card Application



EMPLOYEE NAME: _____
(PRINT NAME) (AB#) (SOCIAL SECURITY NUMBER)

JOB TITLE: _____
(BUSINESS TELEPHONE / EXTENSION)

BUSINESS EMAIL: _____
(REQUIRED – ONLY BUSINESS EMAILS ARE ACCEPTABLE, NO GMAIL, MSN, YAHOO, ETC. BASED EMAILS) (CARDHOLDER SIGNATURE – REQUIRED)

DIVISION/PROGRAM NAME: _____
(DIVISION NUMBER)

MAILING ADDRESS: _____
(BUSINESS ONLY)

DELEGATE: _____
(NOT THE CARDHOLDER) (PRINT NAME) (JOB TITLE) (AB#) (SOCIAL SECURITY NUMBER)

BUSINESS EMAIL: _____
(REQUIRED – ONLY BUSINESS EMAILS ARE ACCEPTABLE, NO GMAIL, MSN, YAHOO, ETC. BASED EMAILS) (CARDHOLDER SIGNATURE – REQUIRED)

DEPT MANAGER: _____
(APPROVER ON CCER) (PRINT NAME) (JOB TITLE) (AB#) (SOCIAL SECURITY NUMBER)

BUSINESS EMAIL: _____
(REQUIRED – ONLY BUSINESS EMAILS ARE ACCEPTABLE, NO GMAIL, MSN, YAHOO, ETC. BASED EMAILS) (CARDHOLDER SIGNATURE – REQUIRED)

TRAVEL PCARD RESTRICTED ☐ OPERATIONS PCARD ☐

PRIMARY DEPARTMENT & FUND: _____ IF EXTERNAL DEPARTMENT/FUND, EXPIRATION DATE: _____
(BU#)

ADDITIONAL DEPARTMENTS/FUND & EXP DATE: _____

The applicant is seeking authorization to utilize the Navajo Nation Purchase Card. As the Navajo Nation Division Directors/Branch Chief, I hereby grant authority to the individual named above to make reasonable and ethical, legitimate business purchases on behalf of the Navajo Nation Department/Program.

DIVISION DIRECTOR/BRANCH CHIEF: _____
(PRINT NAME) (JOB TITLE)

(SIGNATURE REQUIRED) (DATE)

FOR DPM USE ONLY

Date of Employment: _____

Employment Status: ☐ Regular ☐ Temporary ☐ Probationary ☐ Political ☐ At-Will ☐ Other

VERIFIED BY DPM: _____
PRINT SIGNATURE DATE