



Navajo Nation WellsOne Commercial Card Application



EMPLOYEE NAME: _____
PRINT NAME EMPLOYEE AB# SOCIAL SECURITY #, LAST 4 DIGITS

POSITION TITLE: _____
 BUSINESS TELEPHONE /EXT

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

DEPARTMENT/PROGRAM NAME: _____
 DEPARTMENT NUMBER

MAILING ADDRESS: _____
BUSINESS ONLY

DELEGATE: _____
NOT THE CARDHOLDER PRINT NAME POSITION TITLE EMPLOYEE AB# SOCIAL SECURITY #, LAST 4 DIGITS

BUSINESS EMAIL: _____
REQUIRED – ONLY BUSINESS EMAILS ARE ACCEPTABLE, NO GMAIL, MSN, YAHOO, ETC. BASED EMAILS DELEGATE SIGNATURE-REQUIRED

DEPARTMENT MANAGER: _____
APPROVER ON WOEM PRINT NAME POSITION TITLE EMPLOYEE AB# SOCIAL SECURITY #, LAST 4 DIGITS

BUSINESS EMAIL: _____
REQUIRED – ONLY BUSINESS EMAILS ARE ACCEPTABLE, NO GMAIL, MSN, YAHOO, ETC. BASED EMAILS MANAGER SIGNATURE-REQUIRED

TRAVEL PCARD RESTRICTED OPERATIONS PCARD

PRIMARY BUSINESS/DEFAULT UNIT: _____ IF EXTERNAL BUSINESS UNIT, EXPIRATION DATE: _____

ADDITIONAL BUSINESS UNITS & EXPIRATION 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 POSITION TITLE

SIGNATURE REQUIRED DATE

For NN DPM Use Only

Date of Employment: _____

Employment Status: Regular Temporary Probationary Political At-Will Other

VERIFIED BY NN DPM: _____
PRINT SIGNATURE DATE