



**SUPPLIER NON-ACCEPTANCE**

**Instructions:** Cardholders who encounter suppliers who will not accept the Boston University PCard should complete this form. This information will be used to enroll suppliers in the PCard program.

**Forward this form to:**

Program Administrator Shirley Hood

[smoore@bu.edu](mailto:smoore@bu.edu)

617-353-5384 fax

Department: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Supplier Information**

Supplier

Name: \_\_\_\_\_

Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Would you use this supplier more often if they accepted the PCard?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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