

PURCHASING CARD APPLICATION

APPLICANT INFORMATION

**The name listed MUST be the LEGAL name of the cardholder*

Legal First Name _____ MI _____

Legal Last Name _____ Position/Title _____

Other Names _____

Employee Identification Number (EIN) _____

USER ID/Domain _____

Department _____

Division _____

Work Mailing Address (include suite, if applicable)

City _____ ZIP _____

Work Phone _____

Work Email _____

ACCOUNTING INFORMATION

DEFAULT EXPENSE ACCOUNT CODING

FUND* _____

DEPT ID* _____

ACCOUNT* _____

PROGRAM _____

PROJECT COSTING

FUND SOURCE _____

PC BUS UNIT _____

PROJECT ID _____

ACTIVITY _____

***= Mandatory Fields**

PCARD PLACE ACCESS

Please indicate users that should have access to the applicant's card within Pcard Place

Approver(s) Name & EIN _____

Verifier(s) _____

Proxy _____

ACCOUNT LIMITS*

Monthly Credit Limit

\$ 10,000

Single Transaction Limit

\$ 5,000

-OR-

\$ _____

\$ _____

**Agency Management may set account limits at their discretion. The maximum single transaction is \$10,000. Please note: all transactions over \$5,000 MUST have quotes obtained and documentation uploaded within Pcard Place.*

All signatures must be present before application will be processed

AUTHORIZATION

Supervisor Date

Fiscal Manager Date

Division Director Date

Department Director Date