



FOR INTERNAL USE ONLY

Application Received _____
 Card Ordered _____ Card Received _____
 Cardholder Training _____
 Supervisor _____ Training _____
 Fiscal Mgr _____ Training _____
 Employee Agreement _____
 Card Pick-Up _____

PAYMENT CARD APPLICATION

APPLICANT INFORMATION

First Name _____ MI _____
 Last Name _____
 Department Name _____
 Division Name _____
 Employment Mailing Address _____

 City _____ Zip _____
 Work Phone _____
 Email _____

ACCOUNTING INFORMATION

EXPENSE ACCOUNT CODING

FUND* _____
 AGENCY* _____
 DEPT ID* _____
 ACCOUNT* _____
 PROGRAM _____

• = Mandatory Fields

PROJECT COSTING

FUND SOURCE _____
 PC BUS Unit _____
 PROJECT ID _____
 ACTIVITY _____
 SOURCE TYPE _____
 CATEGORY _____
 SUB CAT _____
 SPEED TYPE _____

ACCOUNT LIMITS*

Monthly Credit Limit Single Transaction Limit
 \$ 10,000 \$ 5,000
 -OR-
 \$ _____ \$ _____

*Agency Management may set account limits at their discretion.
 The maximum single transaction limit is \$5,000.

AUTHORIZATION

Supervisor: (Print Name) _____

 Signature Date

Fiscal Manager: (Print Name) _____

 Signature: Date

 Division Director Date

 Department Director/Elected Official Date