



FOR INTERNAL USE ONLY

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

PAYMENT CARD APPLICATION

APPLICANT INFORMATION

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

First Name _____ MI _____
 Last Name _____
 Department Name _____
 Division Name _____
 Employment Mailing Address (include suite if applicable)

 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 _____

ACCOUNT LIMITS*

Monthly Credit Limit Single Transaction Limit
 \$ 10,000 \$ 3,500
 -OR-
 \$ _____ \$ _____

*Agency Management may set account limits at their discretion. The maximum single transaction limit is \$3,500.

COMMENTS:

All signatures must be present before the application will be processed.

AUTHORIZATION

Supervisor: (Print Name) _____

Signature _____ Date _____

Fiscal Manager: (Print Name) _____

Signature: _____ Date _____

Division Director _____ Date _____

Department Director/Elected Official _____ Date _____