PCard Application Form

Note: The information requested is required for security purposes.

Cardholder Information:			
First Name:	MI:	Last Name:	Date of Birth:
Employee ID:	Mother's Maiden Name:	Email Address:	
Business Phone:	Secondary Phone/Cell:		
Department:	Position Title:		
Supervisor/Direct Report:	Administrative Reporting: -Select One-		
GL Account Number: - - - - - XXXXXX			
Project ID (GRANTS ONLY):			

Supervisor/Direct Report:

Please select desired Cardholder limits below.

Single Transaction Limit: ☐ $250 ☐ $750 ☐ $1,500 ☐ $2,499 ☐ Other: _____

Cycle Limit: ☐ $500 ☐ $2,500 ☐ $5,000 ☐ $7,500 ☐ *$10,000 ☐ *$15,000 (*Requires VP Approval)

Provide justification for employee exceeding $2,499 single transaction limit or $7,500 cycle limit:

_____

_____

I request that the above individual be approved as a designated Cardholder. We understand completion of PCard training and signed Cardholder Agreement is required before a PCard will be issued. The Card is issued to this individual only and only this person is allowed to use this card.

Cardholder Signature Date

Supervisor/Direct Report Date

Purchasing Only:

Single Transaction Amount Approved _____

Cycle Limit Amount Approved _____

PCard Training Date _____ Card Order Date _____

Purchasing Director Signature Date

Revised 08/21/2024

RETURN COMPLETED FORM TO : EAST CENTRAL UNIVERSITY PURCHASING DEPT.