

Purchasing Card Program
Cardholder Application/Approval Form

Revised 02/2014



Complete this form to apply for a purchasing card. Purchasing Cards generally take 14-16 days to come in once the order is placed with the Bank. The card will be sent directly to your office address. **Please verify your information; incorrect information will significantly delay you in receiving your new card.** You are required to take training before your card will be activated.

Cardholder's Name	EUID	Empl ID	Business Unit: <input type="radio"/> NT752 <input type="radio"/> DL773 <input type="radio"/> HS763 <input type="radio"/> SY769
Cardholder's Work Telephone Number	Default DeptID / Must be a local fund		E-mail Address
Department Name	Department Mailing Address		Department - City, State, Zip

Primary Reconciler	Telephone	EUID
Secondary Reconciler (if available)	Telephone	EUID

I understand that I must complete Purchasing Card training, agree to follow the procedures outlined in the Purchasing Card Program Guide and only use the card within the departmental delegated authority. Upon receipt of the card, my signature on the Purchasing Card Agreement form acknowledges my understanding of the Program Guide and the consequences for failure to comply.

Cardholder's Signature: _____

Date: _____

Approver:

I hereby approve the applicant, listed above, to be issued a Purchasing Card. I agree the account and/or default account (listed above) will have sufficient funds to pay any and all charges made by this individual. Per the program guidelines, a trained Reconciler will be assigned the responsibility of verifying that all purchases are properly documented and records are retained as required by policy. I understand both the individual and department have consequences for failure to comply with the program guidelines.

Printed name of Approver: _____	Approval Signature: _____	Date: _____
Approver EUID: _____	Approver Email: _____	

For Purchasing Use Only:	Dept ID: _____	Business Unit in Reporting Structure: _____
<input type="checkbox"/> PCard Ordered Date: _____	<input type="checkbox"/> GCMS Date: _____	<input type="checkbox"/> Card Received Date: _____
<input type="checkbox"/> E-mail Sent Date: _____	<input type="checkbox"/> CH Training Date: _____	<input type="checkbox"/> APPR Training Date: _____
		<input type="checkbox"/> REC Training Date: _____
		<input type="checkbox"/> Limit Changed Date: _____