



P-Card Application/Approval Form

Mail original to Box 13030

Cardholder Information

First Name: _____ Last Name: _____ E-mail: _____

CID: _____ Last 4 of SS#: _____ Phone Ext: _____ SFA Username: _____

Address: _____ City: _____ State/Zip: _____
(Address to which statement should be mailed)

Are you a first time cardholder? Yes No (If, yes you will need Training and Banner access before receiving the p-card)

Credit Limits

Per Transaction: \$3,000 \$2,500 \$2,000 \$1,500 \$1,000 \$500

Per Cycle (Monthly): \$ _____
(\$15,000 Maximum)

Department & Account Information

Department Name: _____ Default FOP: _____ - _____ - _____
Fund Org Prog

Department Head: _____ Department Head Phone: _____

Business Manager: _____ Username: _____
(Main Detailer)

Account Manager: _____ Username: _____
(Back-up Detailer)

Department Contact for Audit & Reconciliation

First Name: _____ Last Name: _____

Phone: _____ E-mail: _____

Department Head Signature

Cardholder Signature

Date

For additional info regarding credit limits or questions on completing this application contact the P-Card Coordinator x4353