



P-Card Application

Mail original to Box 13030

PDF is fillable. Incomplete or illegible forms will be returned.

Contact P-Card Coordinator at pcard@sfasu.edu or 936-468-4353 for assistance.

Cardholder Information

First Name: _____ Last Name: _____

SFA P.O. Box: _____ Phone Ext: _____

Last 4 of SS#: _____ SFA E-mail: _____@sfasu.edu

Campus ID #: _____ mySFA Username: _____

New p-card cardholders must take required instructor led training *before* receiving card.

Credit Limits

(Limits determined by Department Head)

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

Per Transaction: ___\$500 ___\$1,000 ___\$1,500 ___\$2,000 ___\$2,500 ___\$3,000 (Maximum)

Department & Account Information

Department: _____ Default FOP: _____
Fund Org Prog

Department Head: _____ Department Head Phone: _____

Business Manager: _____ mySFA Username: _____
(Main Detailer)

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

Department Head Signature

Cardholder Signature

Date

For Procurement office use only:

Approved by: _____ Date Submitted: _____ Application Number: _____