



Purchasing Card Application Form

Legal Last Name

Legal First Name

MI

Employee ID

Dept Type (Pick one from drop down menu)

Work Location Address (This is the address your statement will be sent to)

City

State

Zip

Work Phone

Home Phone

Email Address

Default Account Code (for majority of transactions)

Applicant Signature

Date

Supervisor Signature

Date

For Accounting Use Only:

Date Received: _____

Date Entered: _____

Entered By: _____

Directions:

- 1) Complete on-line **P-Card Training** and receive **P-Card Training Certificate**.
- 2) Complete **P-Card Application Form**
- 3) Sign and date the form.
- 4) Obtain supervisor signature.
- 5) Attach P-Card Training Certificate to the form.
- 6) Forward Form and Certificate to Accounting @ 109