



**SECTION 1: CARDHOLDER INFORMATION**

CARDHOLDER NAME		CARDHOLDER TITLE	
EMPLOYEE ID		EMAIL ADDRESS	
SCHOOL/DEPT		COST CENTER	
HOME ADDRESS		CITY/STATE/ZIP	
WORK PHONE		BIRTHDATE	

**SECTION 2: APPROVING OFFICIAL INFORMATION**

APPROVER NAME		APPROVER TITLE	
EMPLOYEE ID		EMAIL ADDRESS	
SCHOOL/DEPT		COST CENTER	
WORK PHONE		ALT PHONE	

**SECTION 3: DEFAULT BUDGET STRING**

DEPT	RESOURCE	BUDGET REF	ACCOUNT	PROGRAM	CLASS	FUND	EXTENDED

**SECTION 4: PERMANENT SPENDING LIMIT PROFILE**

Default Limits		OR	Special Request Limits	
Per Transaction	\$ 2,500.00		Per Transaction	
Daily Limit	\$ 2,500.00		Daily Limit	
Monthly Limit	\$ 5,000.00		Monthly Limit	

**SECTION 5: SPECIAL COMMENTS OR REQUESTS**

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**SECTION 6: CARDHOLDER ACKNOWLEDGEMENT**

As cardholder, I have read and fully understand the procurement card (PCard) policies as described in the Procurement Card Program Policy Manual. By signing below, I agree to uphold PCard policies and accept responsibility for the proper use and protection of the PCard.

Print Name		Signature		Date	
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**SECTION 7: APPROVING OFFICIAL ACKNOWLEDGEMENT**

As the Approving Official, I have read and fully understand the procurement card policies as described in the Procurement Card Program Policy Manual. By signing below, I agree to uphold PCard policies and procedures and perform my approving responsibilities to ensure all transactions are allowable, allocable, and reviewed and approved within the assigned timelines.

Print Name		Signature		Date	
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**SECTION 8: PCARD ADMINISTRATOR USE ONLY**

REVIEWED BY:		APPROVED BY:	
	PCard Administrator		PCard Administrator
ENTERED BY:		ASSIGNED ACCOUNT #	
C/H TRAINING		APPR TRAINING	
		MCC PROFILE	950 / 951 /952/953

**ADMINISTRATOR NOTES AND COMMENTS:**

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