PROCUREMENT SERVICES
TEXAS TECH
Administration & Finance
Financial & Business Services

Application Form for New Departmental Cardholder Purchasing Card (PCard)

SECTION I: CARD PREREQUISITES

Applicant must be a full-time, benefit-paid faculty, staff, or employee (Interns, temporary workers, or non-paid students cannot apply for the card).

SECTION II: CARDHOLDER APPLICANT INFORMATION (Required - Must be a TTU/TTUS Employee)

First Name: _____ Last Name: _____ Middle Initial: _____

Work Phone#: _____ Cell Phone#: _____

Street/PO Box: _____ City: _____ State: _____ Zip: _____

R Number #: _____ TTU E-mail Address: _____

SECTION III: CARD INFORMATION

Purchasing Card (PCard)

The card is issued in the employee's name for use by the authorized employee. All bills are paid by the university

Cardholder's Name: _____ Last 4 Digits of Cardholder's SSN: _____

Default FOP Information (Required for PCard) (State 11, 12, 13, 14 or Grant Funds 21, 22, 23 are not allowed)

Fund – Org. Code – Program: _____

*** I understand that failure to allocate and reconcile by the established deadline will result in the suspension of the card ***

SECTION IV: CARD LIMITS

Single Transaction Limit (Select One): _____

Standard Monthly Limit (Select One): _____

** Any request for a higher limit must be submitted on the PCard Exception Form: **
https://www.depts.ttu.edu/procurement/forms/documents/procurement-card/procurement-pcard-exception.pdf

SECTION V: FINANCIAL SYSTEM CARD RECONCILER

Reconciler Information (Reconciler must be assigned to each card)

Department Name: _____ Department Address: _____ Mail Stop: _____

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SECTION V: FINANCIAL SYSTEM CARD RECONCILER

Reconciler's Name: _____ **Reconciler's Phone #:** _____

Reconciler's Email Address: _____ **Reconciler's R Number:** _____

Department Name: _____ **Department Address:** _____ **Mail Stop:** _____

Alt. Reconciler's Name: _____ **Alt. Reconciler's Phone #:** _____

Alt. Reconciler's Email Address: _____ **Alt. Reconciler's R Number:** _____

SECTION VI: SIGNATURES AND APPROVALS

Applicant Approval (Required)

Printed Name: _____

Signature/Date: _____

Financial Org. Manager (Required – Must be the Financial Org. Manager for the default FOP. Or applicant manager if the applicant is the Financial Org. Manager)

Printed Name: _____

Signature/Date: _____

E-mail applications for the Departmental Pcard to Pcard Office: purchasing.pcard@ttu.edu