Application Form for New Cardholder Purchasing Card or Departmental PCard

SECTION I - CARDHOLDER APPLICANT INFORMATION (required - for Departmental Cards omit the name)

Last Name:

First Name:

Middle Initial:

City, State, Zip

Phone:

R Number:

E-mail Address:

SECTION II - CARD INFORMATION (check one or more boxes as appropriate)

Purchasing Card (Pcard)

Card is issued in the employee's name for use by the authorized employee. All bills are paid by the University.

Cardholders Name:

**Last 4 digits of cardholder's Social
Security Number:**

Departmental Pcard

Select number of Cards needed:

Card is issued to a specific department. The Reconciler for the card is responsible for all charges. All bills are paid by the University.

**Department Name: (Imprinted on the
card)**

Default FOP Information (Required for Pcard or Departmental Pcard) (No State 11, 12, 13, 14 or Grant Funds 21, 22, 23 will be allowed)

Fund - Org. Code - Program:

*** I understand that failure to allocate and reconcile by the established deadline will result in the default FOP being charged.**

SECTION III - CARD LIMITS

Card Limits (Individual Pcard)

Single Transaction Limit: *Select One*

30 - Day Cycle Limit: *Select One*

***Any request for a higher limit, must be submitted on the Pcard Exception form.**

Card Limits (Departmental Card)

Single Transaction Limit: *Select One*

30 - Day Cycle Limit: *Select One*

***Any request for a higher limit, must be submitted on the Pcard Exception form.**

SECTION IV - FINANCIAL SYSTEM REALLOCATOR AND APPROVER

Reconciler Information (Reconciler must be assigned to each card and must be approved by the Pcard Office)

Department Name:

Department Address:

Reconciler's Name:

Reconciler's Phone Number:

Reconciler's E-mail Address:

Reconciler's R Number:

Alternate Reconciler Information (One alternate reconciler is allowable on each card and must be approved by the Pcard Office)

Department Name:

Department Address:

Alt. Reconciler's Name:

Alt. Reconciler's Phone Number:

Alt. Reconciler's E-mail Address:

Alt. Reconciler's R Number:

SECTION V - SIGNATURES AND APPROVALS

Applicant Approval (Required - This will be the reconciler on the Department Pcard)

Printed Name:

Signature/Date

Financial Org. Manager (Required - Must be the Financial Org. Manager for the default FOP)

Printed Name:

Signature/Date

Provost, VP, Dean, Vice Provost, Vice Chancellor (Required on Departmental Cards Only)

Printed Name:

Signature/Date

Submit applications for the Pcard or Departmental Pcard to:
Campus Mail: Box 41094 or deliver to TTU Plaza Room 408
E-mail: Pcard Office (purchasing.pcard@ttu.edu)