

P-CARD APPLICATION REQUEST

Please complete the following information to request a Purchasing Card (P-Card). **Please do not email this information.** Please hand delivery to the Purchasing Department.

Date: _____ Dept/Campus: _____

Type of card needed: Travel _____ CCF _____ Discretionary _____ (*only check one*)

Name of Cardholder (*must be the same as on Driver's License or other Official ID*)

Job Title

Last four digits of SS#

Date of Birth (*Example 01/25/1966*)

Home/Cell Phone# *including area code*

Work Phone# *including area code*

Email Address

Home Address (Street, City, State and Zip Code)

Security Code/Pin #
Can only be 4-digits long (Example JOHN or DF12)

Supervisor's Printed Name

Supervisor's Job Title

Supervisor's Signature