

P-Card Application/Change Form

Card Profile: Goods & Services Only Travel Only Both (Goods & Services & Travel)

Action Requested: New Card Update Cardholder Info. Permanent Credit Limit Change Org # Change Other

CARDHOLDER INFORMATION	
First Name: _____	Last Name: _____
Campus Location: _____	Department Name: _____
NECC ID: _____	Work Phone : _____
Email: _____	Last 4 SSN _____ Department Org #: _____
APPLICANT SIGNATURE: _____	
Date: _____	

ORGANIZATION (ORG) NUMBERS
Please list all ORG. numbers that will be associated with this P-Card. (An ORG number is a 4 digit number that tells which department is being charged.)

REQUEST INITIAL CREDIT LIMITS / REQUEST PERMANENT CHANGE OF CREDIT LIMITS	
<input type="radio"/> Goods & Services Use Only- \$5,000 Monthly/\$999 Per Transaction	<input type="radio"/> Other- Justification Required
<input type="radio"/> Travel Use Only- \$5,000 Monthly/\$5,000 Per Transaction	Monthly Limit: \$ _____
<input type="radio"/> Both (Goods & Services & Travel) Limits same as above	Single Transaction Limit:\$ _____

SUPERVISOR / APPROVER AND RECORDS MANAGER INFORMATION (Records Mgr if different than Cardholder)	
Supervisor Name: _____	Signature: _____
Back-Up Approver Name: _____	Signature: _____
(optional) Records Manager Name: _____	Signature: _____

APPROVAL BY VICE PRESIDENT FOR A&F/CFO	
Signature: _____	Date: _____

FOR USE BY P-CARD ADMINISTRATOR ONLY	
Application Received: _____	Date Card Ordered: _____
Training Date: _____	Agreement Form <input type="checkbox"/>
Hierarchy String _____	Account Notes <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

SEND COMPLETED FORM TO: P-Card PA - B201C