



Cardholder or Coordinator: \_\_\_\_\_ Mail Code \_\_\_\_\_  
 Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 DOB \_\_\_\_\_ Mother's Maiden or Other Password: \_\_\_\_\_  
 Last Four of Soc Sec No. \_\_\_\_\_ Program Role: \_\_\_\_\_

**Purpose of Card:**

**New PCard:**  
 Department: \_\_\_\_\_ Campus \_\_\_\_\_  
 Default FOAP: **F:** \_\_\_\_\_ **O:** \_\_\_\_\_ **A:** \_\_\_\_\_ **P:** \_\_\_\_\_ **Actv:** \_\_\_\_\_  
 Card Type Requested: (See Appendix A for descriptions): \_\_\_\_\_  
 Explain the Intended Use of the Card: \_\_\_\_\_

**Change to an Existing PCard:**  
 Name Imprinted on Card: \_\_\_\_\_ Last four #s \_\_\_\_\_  
 Default FOAP : **F:** \_\_\_\_\_ **O:** \_\_\_\_\_ **A:** \_\_\_\_\_ **P:** \_\_\_\_\_ **Actv:** \_\_\_\_\_  
 Cancel Card; Reason: \_\_\_\_\_

**Replacement PCard:** (Check reason below and provide a brief statement of circumstances; attach additional pages if needed)  
 Name Imprinted on Card: \_\_\_\_\_ Last four #s \_\_\_\_\_  
 Lost  Stolen  Fraud  Security Breach  Damaged  
 Explain: \_\_\_\_\_

**Reviewed by Business Mgr:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Banner Business Mgr ID \_\_\_\_\_ Banner Account Mgr ID \_\_\_\_\_

Approvals & Signatures*:	Department		
	Print Name:	Signature:	Date:
Administrator:			
PCard Approver:			
PCard Coordinator			
Individual Cardholder			
President/Vice Chancellor:			

\* By signing this Application and Cardholder Agreement, I acknowledge that I have read and understand the PCard Manual procedures and my role in the PCard program and that I agree to comply with the PCard Manual procedures and all applicable purchasing procedures.

PCard Administrator:				PaymentNet:			
Form Rec'd by		Date:		Card #			
Reviewed by:		Date:		Name on Card			
Indiv. or Dept.:				Hierarch. Level:		ID:	
Type:				Description:			
Purch. Director:		Date:		Input to Bank by:		Date	