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| **P-CARD APPLICATION** |
| NEW APPLICATION | ADD/CHANGE (Increase / Decrease) Circle One | CANCELLATION |
| **CARD HOLDER INFORMATION** |
| Cardholder’s Name: (up to 24 characters)  |
| Department: |  Employee ID#: |
| Four Digit Pin:  | Cell Phone:  | Work Phone: (203)-837- |
|  Date of Birth: | E-Mail address: wcsu.edu |
|  Type of expenses you will be making that require the use of a Pcard: |
|  **DEPARTMENTAL APPROVAL**  |
|  Budget Authority Signature: Banner Org:  |
|  Supervisor’s Signature (only required if you are both the cardholder & and budget authority for your department – must be digitally verified) Name: Date:  |
| **ADDITIONAL INFORMATION** |
| *Additional Documents must be attached to this application for processing. Incomplete applications will be returned.* |
| **Read CSCU and WCSU P-Card Policies and Procedures** | **Acknowledgement of Responsibilities** |  **Policies:** <https://www.wcsu.edu/purchasing/purchasing-card/> |
| **STANDARD AUTHORIZED LIMITS** |
| Cycle Spending Limit - $15,000 Maximum Transactions Day – 20 |  |  Single Purchase Limit - $2,500.00 Maximum Transactions/Cycle - 100  |
|  Other **Written Justification Required** |  |  |
| **SIGNATURES** |
| Applicant’s Signature: Date: |
| Supervisor’s Signature: Date: |
| **PURCHASING DEPARTMENT USE ONLY** |
| MCC Group (Merchant Category Control Group) Circle One Include Exclude | Dates: |

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| Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Training Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rev. 01/2025 |