A close-up of a logo

Description automatically generated

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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 |