



Application Form for Pcard or Works User Access

Personal Information:

First Name:	Middle Initial:	Last Name:
Email Address:	@okstate.edu	CWID: 9-
Position Title:	Group Name:	

Billing Information

Business Address Line 1:		Business Address Line 2:	
City:	State:	Zip:	Country: USA
Business Phone: () -		Secondary Phone or Cell: () -	
Default Chart and Fund: (#-#####)			

Card Information and Controls

Card Requested? Yes/No		
If yes, name on card (legal name):		Note: Each line is limited to 21 spaces and characters.
If yes, department or student org name on card:		
Role(s) – Use checkboxes:	Credit Limits (transaction/monthly): [select from drop down box]	
<input type="checkbox"/> Cardholder <input type="checkbox"/> Approving Manager <input type="checkbox"/> Accountant <input type="checkbox"/> Group Proxy Reconciler <input type="checkbox"/> Group Owner	Credit Limit (transaction/monthly) Provide justification for <u>employee</u> cycle limit exceeding \$10,000 per month or <u>student</u> limits exceeding \$500 per single transaction or \$2,500 per month.	

Other notes and instructions:

--

Signatures and Dates:

Signature of Cardholder Date

Signature of Approving Manager Date

Signature of Accountant Date

Signature of Department Head Date

Signature of Fiscal Officer/Other (if required) Date

Signature of Purchasing Department Date

Other:

Pcard Training Date: _____

Student Pcard Custody - If the cardholder is a graduate or undergraduate student, who will be responsible for keeping custody of the student's Pcard, checking it out for use, and ensuring the card and receipts are returned after each use?

--
