

# P-CARD APPLICATION

ALL REQUESTED INFORMATION AND SIGNATURES MUST BE PRESENT ON THIS DOCUMENT PRIOR TO THE APPLICATION BEING PROCESSED.

Choose type of card: P-Card      Travel Only Card      Departmental Card

Name of Cardholder  
Print                      First                      M Initial                      Last

Departmental Cards Only:  
(Department Name as it should appear on the card)

Banner Plus Number:                      Department

Cardholder E-Mail Address

Dept. Phone Number                      Cell Phone

Hall Name/Room #                      Campus Street Address

Default Banner Index for Card Purchases

P-Card Reconcile:                      P-Card Approver

Cardholder Signature                      Date

Dept. Head Approval Signature                      Date

Dept. Head Approval Print Name

Vice President/Dean Signature                      Date

Vice President/Dean Print Name

<b>Per Transaction Limit</b>	<b>\$2,000/Individual</b>	<b>\$5,000/Departmental</b>
<b>Monthly Limit</b>	<b>\$10,000/Individual</b>	<b>\$20,000/Departmental</b>

E-MAIL THIS COMPLETED FORM TO:

[Accountspayable@MiamiOH.edu](mailto:Accountspayable@MiamiOH.edu)

Accounts Payable

Room Number: 107 Roudebush Hall

Phone: 9-9200



ACCOUNTS PAYABLE | (513) 529-9200