

P-CARD APPLICATION

ALL REQUESTED INFORMATION AND SIGNATURES MUST BE PRESENT ON THIS DOCUMENT PRIOR TO THE APPLICATION BEING PROCESSED. YOU WILL BE NOTIFIED VIA EMAIL ONCE THE CARD HAS BEEN ORDERED AND RECEIVED.

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

Cardholder Name: _____
Print First M Initial Last

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

Workshop Cards Only: _____
(Workshop Begin Date) (Workshop End Date)

Employee ID: _____ Cardholder Email: _____

Department: _____ Dept. Phone #: _____

Campus Street Address: _____ Cell Phone: _____

Hall Name / Room #: _____

DEFAULT WORKDAY ACCOUNTING INFORMATION:

Cost Center: _____ Fund: _____ Program: _____ Campus: _____ Other Worktags: _____

Cardholder Signature _____ Date _____

Dept. Head Approval Print Name _____

Dept. Head Approval Signature _____ Date _____

Vice President/Dean Print Name _____

Vice President/Dean Signature _____ Date _____

| | | |
|-----------------------|---------------------|-----------------------|
| Per Transaction Limit | \$2,000/Individual | \$5,000/Departmental |
| Monthly Limit | \$10,000/Individual | \$20,000/Departmental |

E-MAIL THIS COMPLETED FORM TO:

Accountspayable@MiamiOH.edu

Accounts Payable

Room Number: 107 Roubush

Hall Phone: 513-529-9200

FOR INTERNAL USE:

LAST 4 OF CARD: _____

DATE ORDERED: _____

LOGGED: ____ LABELED: ____

AGREEMENT: ____ EMAILED: ____