



PROCUREMENT CARD REQUEST FORM

REQUESTOR INFORMATION

Employee Name:		Phone Number:	
Job Title:		Email Address:	
Department:			

CREDIT LIMIT REQUEST

Single Transaction Limit:	\$	Monthly Spending Limit:	\$
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REASON FOR REQUEST

- ☐ New P-Card Request
- ☐ Replacement Card (Lost / Stolen / Damaged)
- ☐ Limit Increase Request
- ☐ Other: _____

APPROVALS

By signing below, I confirm that I have received a copy of the **Procurement Card Manual**, I understand its requirements, and I agree to comply with all policies and procedures.

Employee Name (Print)

Employee Signature / Date

Department Head Name (Print)

Department Head Signature / Date

BELOW IS FOR PROCUREMENT DEPARTMENT USE ONLY

Approved (Y/N)			
Card Number:		Single Transaction Limit:	\$
Card Issue Date:		Monthly Spending Limit:	\$

P-Card Administrator Name (Print)

P-Card Administrator Signature / Date