New P-Card Request Form



Please fill out the	e form, sign and then click on the submit	button.	
☐ Campus / Department Card			
☐ Individual Card	Date of Reque	est:	
Campus /Department:	Campus / Department	t #:	
Employee Name:	Employee	Employee ID:	
Monthly Limit:	Single Transaction Lir	nit:	
Verification ID #:	of America with any issues, please choose a number yo	u will remember)	
Phone #:(Needed when contacting Bank of America)			
Requestor's Signature		 Date	
Supervisor/Director's Signature		Date	
Purchasing Department Use Only:			
Approved Denied	Comments if Denied:		
P-Card Ordered:	Date Ordered:		
Training Date:	Spending Limits:		
P-card Administrator's Signature		Date	