

**DEPARTMENT OF ADMINISTRATION
PROCUREMENT CARD REQUEST FORM**

Location#: 13 Admin#: _____

CARDHOLDER INFORMATION

Cardholder Name: _____

Division: _____

Cardholder Location Address: _____

Social Security #: _____

Office Telephone #: _____

PURCHASING

Type of Purchases: _____

FISCAL SERVICES

Single Trans Limit: _____ Daily Trans Limit: _____ Monthly Limit: _____

Company: _____

Account: _____

Center: _____

APPROVAL SIGNATURES

Division Director Signature _____ Date _____

Division Deputy Secretary Signature _____ Date _____

Department CFO Signature _____ Date _____

Department PCard Administrator Signature _____ Date _____

Employee Agreement Received DATE _____

Procurement Card Policy and Procedure Manual Received DATE _____

Requested from Bank: _____

Entered into NCAS: _____

ID#: _____

Send Form to Department Card Administrator in the Fiscal Management Office