Purchasing Card Program

Cardholder Application/Approval Form



Complete this form to apply for a purchasing card. Purchasing cards generally take 14-16 days to arrive after the order has been placed with the bank. The card will be sent to your home address. **Please verify your information; incorrect information will significantly delay receipt of your new card.** You are required to complete the training before your card will be activated. Please email completed applications to pcard@untsystem.edu.

Cardholder's Name	EUID		Empl ID	Empl ID		Business Unit:			
					○ N	T752	O DL773	3	○ SY769
Cardholder's Work Telephone Number Cardholder's Cell Phone Nu				Number	Cardholder's E-mail Address				
Cardholder's Home Mailing Address					City, State, Zip Code				
Department Name					Default DeptID / Must be a local fund				
Department rume					Delaule De	cpub,	mast se a	Tocal Talla	
First Level Approver's Name	2			Telephone			Emp	loyee ID	
								•	
Program Guide and only use the card within the departmental d Purchasing Card Agreement form acknowledges my understanding Cardholder's Signature:									
Budget Approver:									
I hereby approve the application will have sufficient funds to Approver will be assigned to required by policy. I under guidelines.	pay any and al the responsibili	I charges made ty of verifying t	by this i hat all p	ndividual. Pe urchases are	er the prog e properly	gram gu docum	uidelines, a ented, an	a trained First d records are	: Level Pcard : retained as
Printed Name of Budget Approver:				Budget Approver Signature:					
Budget Approver EUID: Budget Approver Email:							Date:		
	l								