

P-CARD APPLICATION

P-card applicants need authorization from their Principal/Department Supervisor to apply for the P-card.

APPLICANT INFORMATION (please print clearly)

Applicant's Name _____

Cardholder Name _____

(Individual, Department, Grant)

School/Location _____ Phone No _____

Applicant's Email Address _____

Monthly Credit Limit: _____

Budget Code _____

Applicant Signature _____

Date of Birth _____

AUTHORIZING INFORMATION

I hereby grant the above mentioned Applicant authorization to apply for, and use, the ISD 709 P-card for the account number and credit limit listed above. If the applicant's employment with the District is terminated, I will notify the P-card Administrator.

Principal/Dept. Supervisor _____

Date _____

P-card Administrator _____ Date _____

Routing: Program / Admin / Finance