



Application Form for Pcard or Works User Access

Personal Information:

First Name:	Middle Initial:	Last Name:
Email Address:	@okstate.edu	CWID: (no A) 9-
Position Title:	Group Name:	

Billing Information

Business Address Line 1:		Business Address Line 2:	
City:	State:	Zip:	Country: USA
Business Phone: () -		Secondary Phone or Cell: () -	
Default Chart and Fund: (#-#####)			

Card Information and Controls

Card Requested? If yes, name on card (legal name): If yes, department or student org name on card:		Note: Each line is limited to 21 spaces and characters.
Role(s) – Use checkboxes: Cardholder Approving Manager Accountant Group Proxy Reconciler Group Owner	Credit Limits (transaction/monthly): [select from drop down box] Provide justification for <u>employee</u> cycle limit exceeding \$20,000 per month or <u>student</u> limits exceeding \$500 per single transaction or \$2,500 per month.	

Other notes and instructions:

Signatures and Dates:

_____ Signature of Cardholder	_____ Date
_____ Signature of Approving Manager	_____ Date
_____ Signature of Accountant	_____ Date
_____ Signature of Department Head	_____ Date
_____ Signature of Fiscal Officer/Other (if required)	_____ Date
_____ Signature of Purchasing Department	_____ Date

Other:

Pcard Training Date:

Email completed form to osu.pcard@okstate.edu

Form updated 7/27/2024