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:	Credit Limits (transaction/monthly): [select from drop down box]
Cardholder Approving Manager Accountant Group Proxy Reconciler Group Owner	Provide justification for <u>employee</u> cycle limit exceeding $10,000 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:

_____

_____

_____

_____

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Email completed form to osu.pcard@okstate.edu

Form updated 7/27/2024