



## Application Form for Pcard or Works User Access

### Personal Information:

First Name:	Middle Initial:	Last Name:
Email Address:	@okstate.edu	CWID: 9-
Position Title:	Group Name:	

### Billing Information

Business Address Line 1:		Business Address Line 2:	
City:	State:	Zip:	Country: <b>USA</b>
Business Phone: ( ) -		Secondary Business Phone: <b>(405)744-8408</b>	
Chart:		Fund:	

### Card Information and Controls

Card Requested?	If yes, name on card: If yes, department name on card:		
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 monthly credit limit <u>over \$10,000</u> :		

### Signatures and Date:

_____ 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

### Notes: [Administrative Use Only]

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