



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: USA
Business Phone: () -		Secondary Business Phone: (405)744-8408	
Chart:		Fund:	

Card Information and Controls

Card Requested? Yes/No	If yes, name on card:	
	If yes, department name on card:	
Role(s) – Use checkboxes: <input type="checkbox"/> Cardholder <input type="checkbox"/> Approving Manager <input type="checkbox"/> Accountant <input type="checkbox"/> Group Proxy Reconciler <input type="checkbox"/> Group Owner	Credit Limits (transaction/monthly): <small>[select from drop down box]</small> Credit Limit (transaction/monthly) 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]
