

Application for a P new card

<input type="checkbox"/> New Account **Account Cycle Controls Last 4 digits of card (will be added by P card program manager) _____ Transaction/Single Purchase Limit (SPL) will be equal to your credit limit up to \$5,000. (Please contact Procurement if you need a higher SPL)	<input type="checkbox"/> Have you, in the past, had a P card in D-11, or currently have a card now?
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Please type or print Legibly

***Monthly Credit Limit (determined by card holder)	
**Cardholder Name (Legal Name)	
**Department/School/ Dept #	
** Last 4 of social security # this is your activation code	// Employee #
** Position	
**Work phone number	
**Cell number (optional)	
**District E Mail	
** Default District Budgeted Account Default-This acct will be charged if you do not allocate your charges	
**Acct Delegates- (these staff can allocate your charges in your absence)	
Approving Manager:	

Office use only:

- CARD ORDERED**
- PROFILE CREATED**
- ADDED DEFAULT ACCOUNT**
- E MAILED CARDHOLDER WELCOME PACKET**
- ADDED TO SHAREPOINT**
- ADD E MAIL ADDRESS TO E MAIL DISTRIBUTION**
- DELEGATES ADDED**
- MAPPED**
- CARD PICKED UP/SENT INTEROFFICE MAIL DATE: _____**