

**Date Requested:****P-Card Application**

- To ensure accuracy, complete information on the P-Card Application electronically (type in form)
- Cardholder and Principal/Department Head Signatures are required.
- If the cardholder is a Principal/Department Head, the signature must be from the next-level supervisor.
- Email completed forms to [PCardNotifications@browardschools.com](mailto:PCardNotifications@browardschools.com)
- Failure to follow the instructions above may delay the processing of your requests.
- P-Cards will not be issued until a completed application is received by Procurement & Warehousing

**Email the completed form to [PCardNotifications@browardschools.com](mailto:PCardNotifications@browardschools.com).****Employee/Cardholder Information**

|                        |                    |                                           |                        |
|------------------------|--------------------|-------------------------------------------|------------------------|
| <b>Last Name:</b>      | <b>First Name:</b> | <b>Personnel No.:</b>                     | <b>Position Title:</b> |
| <b>E-mail Address:</b> | <b>Phone No.:</b>  | <b>Department &amp; Physical Address:</b> |                        |

**Account Information**

Use the table below to indicate account information for each P-Card being requested.

| <b>Fund<br/>(4 digits)</b> | <b>Business Area<br/>(4 Digits)</b> | <b>Cost Center<br/>(10 Digits)</b> | <b>General Ledger<br/>(8 Digits)</b> | <b>Functional Area<br/>(16 Digits)</b> |
|----------------------------|-------------------------------------|------------------------------------|--------------------------------------|----------------------------------------|
|                            |                                     |                                    |                                      |                                        |
|                            |                                     |                                    |                                      |                                        |
|                            |                                     |                                    |                                      |                                        |

**Card Profile Requested\***

This section will determine the appropriate Card Profile based on anticipated P-Card usage.

|                         |                                                                                                        |
|-------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Default Profile:</b> | <b>Declining Balance with max Credit Limit up to \$10k and Single Transaction Limit of \$4,999.99.</b> |
|-------------------------|--------------------------------------------------------------------------------------------------------|

If the Default Profile does not meet business needs, provide the requested limits and justification below.

**NOTE: A Single Transaction Limit greater than \$35,000 requires submission of a Statement of Financial Interest Form**

|                                               |                                                  |                     |                                                |
|-----------------------------------------------|--------------------------------------------------|---------------------|------------------------------------------------|
|                                               | <b>Single Transaction Limit<br/>Credit Limit</b> | <b>Credit Limit</b> | <b>Expiration Date<br/>Of Increased Limits</b> |
| <b>Requested Credit Limit</b>                 |                                                  |                     |                                                |
| <b>Justification for Increased<br/>Limits</b> |                                                  |                     |                                                |

*The information below is to be completed by Procurement & Warehousing Service P-Card  
Program Staff.*

|                    |                          |                     |
|--------------------|--------------------------|---------------------|
| <b>Received On</b> | <b>Processed By Name</b> | <b>Activated On</b> |
|                    |                          |                     |
|                    |                          |                     |

### Cardholder/Approver Acknowledgement

By submitting the P-Card Application and the Cardholder Acknowledgement, applicants are entrusted and empowered to utilize and safeguard a vital district asset. By initialing and signing this Cardholder Applications/Approver Acknowledgement, you hereby acknowledge receipt of the [Purchasing Card Program Procedures Manual](#), confirm that you have read and understand its contents, and agree to comply with its terms.

### Terms

- I acknowledge that I have read and understand and am responsible for adhering to ALL requirements as detailed in the Purchasing Card Program Procedures Manual.
- I acknowledge that the P-Card purchases will be for approved and allowable District Needs in compliance with the P-Card Program procedures and associated school board policies.
- I acknowledge that I must take and pass the annual training.
- I acknowledge that the purchase of restricted items, as outlined in the Purchasing Card Program Procedures Manual, is prohibited and that use of the card for restricted items will require that I, the cardholder, and my cardholder approver, if they approve the purchase, will be responsible for reimbursing the District for any misuse of the purchasing card and that a violation of those standards and procedures will be cause for discipline up to and including termination.
- I acknowledge that travel-related purchases must be preapproved by the PCard Approver and be accompanied by an approved Temporary Duty Authorization (TDA).
- I acknowledge that I am responsible for informing suppliers at the time of purchase of the District's Tax-Exempt status and that I am responsible for ensuring no taxes are applied to any P-Card transactions. In the event that the vendor charges sales tax, I will be responsible for requesting a refund of the sales tax, or I must reimburse the District.
- I acknowledge that I will receive a statement each month where there is activity on the P-Card and that I will confirm that all transactions on the statement are for a legitimate business need.
- I will provide a receipt or invoice for each transaction on the P-Card statement.
- I acknowledge that my approver will review and approve each receipt and invoice for each transaction in the P-Card statement to ensure compliance with the P-Card requirements.
- I acknowledge that my approver will be responsible for reconciling the Statement, which includes Cardholder and Approver confirmation that each transaction is for an allowable purchase and has legitimately been made on the P-Card (no fraudulent charges), each transaction is supported by a receipt from the supplier and the charges match the receipts, no tax is on any of the transactions, the statement has been signed and dated by the Cardholder and Approver, and the statement and receipts (3) have been submitted to the P-Card Program Administrators on or before the 15th of the following month.
- I understand that I am responsible for ensuring that the purchases match the funding as stated on this application. I am also responsible for contacting the Accounts Payable Department and filling out any required forms or transactions in SAP for any deviations in the fund or general ledger account allocations.
- I understand that it is my responsibility to notify P-Card Program Administrators immediately if my card is lost or stolen or if there are any unknown or fraudulent charges on my statement.
- I understand that a single transaction limit exceeding \$35,000 requires annual submission of the Statement of Financial Interest.
- I understand that failure to comply with the terms of the P-Card Program may result in cancellation of participation in the program or other necessary corrective actions.

|                                            |                             |             |
|--------------------------------------------|-----------------------------|-------------|
|                                            |                             |             |
| <b>Cardholder Name &amp; Title (Print)</b> | <b>Cardholder Signature</b> | <b>Date</b> |
| <b>Approver Name &amp; Title (Print)</b>   | <b>Approver Signature</b>   | <b>Date</b> |



## Application & Cardholder/Approver Acknowledgment

Use the table below to indicate account information for each P-Card being requested.

Revised 11.21.25