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# P-CARD USER AUTHORIZATION FORM

LOCATION: _____

_____ IS REQUESTING AUTHORIZATION FOR THE USE
Requestors Name and Job Title

OF PURCHASING CARD: _____ CARD #_____.
Cardholders Name Last 4 digits

FOR THE PURPOSE OF _____

_____

DATE NEEDED: _____ DATE RETURNED: _____

| VENDOR NAME(S): | FOR AN AMOUNT UP TO: |
|---|---|
| | |
| | |
| | |
| | |
| | |

_____

AUTHORIZED: __Yes __No

_____ _____
CARDHOLDER DATE

Revised March 21, 2024