

APP STATE PROCUREMENT CARD APPLICATION

PRINT INFORMATION REQUESTED BELOW AND RETURN THIS FORM

P- CARD ADMINISTRATOR
BUSINESS AFFAIRS ANNEX – MATERIALS MANAGEMENT
1039 STATE FARM RD (PO BOX 32008)
BOONE, NC 28608
P: 828-262-2082

NOTE: STANDARD APPROVED SPENDING LIMITS ARE \$1,500 SINGLE TRANSACTION & \$5,000 MONTHLY
ALL APPLICANTS MUST BE PERMANENT ASU EMPLOYEES (NO TEMPORARY EMPLOYEES PERMITTED)

COMPLETE THE FOLLOWING REQUIRED INFORMATION

CARDHOLDER NAME /BANNER ID # <small>*21 CHARACTER LIMIT-NAME MUST BE LEGAL ID AS ON SSN CARD*</small>	CARDHOLDER E-MAIL ADDRESS
CARDHOLDER 911 STREET ADDRESS	CARDHOLDER ASU PO BOX (IF APPLICABLE)
CARDHOLDER OFFICE PHONE NUMBER & DATE OF BIRTH (MM/DD/YYYY)	NAME OF ASU DEPARTMENT OR UNIT
RECONCILER NAME	APPROVER NAME
RECONCILER E-MAIL ADDRESS	APPROVER OFFICE PHONE / USERID
RECONCILER OFFICE PHONE / USERID	APPROVER E-MAIL ADDRESS
IS LODGING APPROVED FOR USE ON CARD? CHECK ONE: ___ YES; ___ NO	
Additional comments or notes from department:	

LIST DEFAULT FUND & ORG CODE TO BE TIED TO ALL P- CARD TRANSACTIONS

FUND _____ ORGANIZATION _____

DATE APPLICATION SUBMITTED TO PURCHASING (MM / DD / YYYY) _____

DEAN / DIRECTOR / DEPARTMENT HEAD SIGNATURE (I.E. - APPROVER) AUTHORIZING REQUEST FOR P-CARD:

SIGNATURE: _____ NAME PRINTED _____

PURCHASING USE ONLY:

WORKS GROUP NAME: _____

C# 4715- _____	--	--	C# 4715- _____	--	--
C# 4715- _____	--	--	C# 4715- _____	--	--
C# 4715- _____	--	--	C# 4715- _____	--	--
C# 4715- _____	--	--	C# 4715- _____	--	--

STANDARD SPEND PROFILE: ASUSTD-ASUTRAV CL=\$5,000 / SL=\$1,500

CUSTOM SPEND PROFILE: ASUSTD-ASUTRAV- _____ CL _____ SL _____

CANCELED DATE: _____