

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 (ASU BOX 32008)
 BOONE, NC 28608
 P: 828-262-2082

**NOTE: STANDARD APPROVED SPENDING LIMITS ARE \$2,500 SINGLE TRANSACTION & \$8,000 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 CAMPUS 911 STREET ADDRESS	CARDHOLDER ASU PO BOX (IF APPLICABLE)
CARDHOLDER CAMPUS PHONE NUMBER	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	
<i>Additional requests, comments or notes from department:</i>	

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=\$8,000 / SL=\$2,500

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