APPSTATE PROCUREMENT CARD APPLICATION

COMPLETE FORM AND MAIL TO THE P-CARD OFFICE

P-CARD ADMINISTRATOR
1039 STATE FARM RD
BOONE, NC 28608
P: 828-262-2082

NOTE: STANDARD APPROVED SPENDING LIMITS ARE $5,000 FOR SINGLE TRANSACTION & $15,000 PER CYCLE
APPLICANTS MUST BE PERMANENT ASU EMPLOYEES (NO TEMPORARY EMPLOYEES PERMITTED)
COMPLETE THE FOLLOWING REQUIRED INFORMATION

<table>
<thead>
<tr>
<th>CARDHOLDER NAME</th>
<th>BANNER ID #</th>
<th>CARDHOLDER E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME MUST BE LEGAL ID AS ON SSN CARD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMPUS 911 ADDRESS</td>
<td>CARDHOLDER ASU PO BOX</td>
<td></td>
</tr>
<tr>
<td>CARDHOLDER CAMPUS PHONE NUMBER</td>
<td>NAME OF ASU DEPARTMENT OR UNIT</td>
<td></td>
</tr>
<tr>
<td>RECONCILER NAME</td>
<td>APPROVER NAME</td>
<td></td>
</tr>
<tr>
<td>RECONCILER SIGNATURE</td>
<td>APPROVER SIGNATURE</td>
<td></td>
</tr>
<tr>
<td>RECONCILER OFFICE PHONE</td>
<td>APPROVER OFFICE PHONE</td>
<td></td>
</tr>
<tr>
<td>RECONCILER E-MAIL ADDRESS</td>
<td>APPROVER E-MAIL ADDRESS</td>
<td></td>
</tr>
</tbody>
</table>

IS LODGING APPROVED FOR USE ON CARD? CHECK ONE: ___YES ___NO

List all funds needed for allocating charges to new card.______________________________________
____________________________________________________________________________________________________

(Attach a separate sheet if needed.)

DEFAULT FUND __________________________ ORGANIZATION CODE ______________________

DEAN / DIRECTOR / DEPARTMENT HEAD SIGNATURE AUTHORIZING REQUEST FOR P-CARD:

SIGNATURE: ____________________________ NAME PRINTED: ____________________________

PURCHASING USE ONLY: WORKS GROUP __________________________

C#4715- - - - - - - C#4715- - - - - -
C#4715- - - - - - - C#4715- - - - - -
C#4715- - - - - - - C#4715- - - - - -
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STANDARD SPEND PROFILE: ASUSTD-ASUTRAV CL=$15,000 / SL=$5,000
CUSTOM SPEND PROFILE: ASUSTD-ASUTRAV-ASULODG CL= SL= 