APPSTATE PROCUREMENT CARD APPLICATION

COMPLETE FORM AND MAIL TO THE P-CARD OFFICE

P-CARD ADMINISTRATOR
353 INDUSTRIAL PARK DR
BOONE, NC 28607
P: 828-262-2082

Must have original form to process request.

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

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

CARDHOLDER NAME *NAME MUST BE LEGAL ID AS ON SSN CARD	BANNER ID #	CARDHOLDER E-MAIL ADDRESS

CAMPUS 911 ADDRESS	CARDHOLDER ASU PO BOX
CARDHOLDER CAMPUS PHONE NUMBER	**NAME OF ASU DEPARTMENT OR UNIT**
RECONCILER NAME	**APPROVER NAME**
RECONCILER SIGNATURE	**APPROVER SIGNATURE**
RECONCILER OFFICE PHONE	**APPROVER OFFICE PHONE**
RECONCILER E-MAIL ADDRESS	**APPROVER E-MAIL ADDRESS**

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: _____