



P-Card Application

Purchasing Card ☐ Travel Card ☐

Section 1: Cardholder Information

Cardholder Name (Last, First)

Department Name

Phone Number

Fax Number

Citadel ID (CWID)

FTE

☐

Permanent
Part-Time

☐

Temp

Department Head Name (Last, First)

As a cardholder, I will always treat the Citadel Purchasing card with at least the same level of care as with my personal credit card(s). The card will be maintained in a secure location and the card account number will be carefully guarded. I will be the only person entitled to use the card and at issuance of the card, I will sign the Cardholder Agreement.

I fully understand the intent of this program and will comply with all guidelines on the Purchasing Card Policy as well as any and all other policies and procedures related to the expenditures of Citadel funds.

Cardholder Signature

Date of Application

Section 2: Department Head Approval

Department Liaison Name (Last, First)

Liaison Email Address

Default Index and FOAP Information

_____	_____	_____	_____	_____
Index	Fund	Organization	Account	Program

I hereby delegate transaction authority to the above cardholder and agree that the department liaison will be responsible for reviewing and reconciling transactions for the cardholder, and I will ensure the appropriate use and classification of Citadel expenditures.

Department Head Signature

Department Head Email Address

Section 3: Purchasing Card Admin

Application Approved – Yes

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No

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Purchasing Card Admin Sign & Date