



P- CARD AND TRAVEL CARD APPLICATION FORM

COMPLETE INFORMATION IS REQUIRED

CARD INFORMATION:

First Name (up to 12 characters)

Middle Initial

Last Name (up to 20 characters) *

A

University ID# (A # - with no dashes or spaces)

A

Index Number (6 digits)

Title of Index to be charged (up to 19 characters)

Account Code (if account code needs to be defaulted)

University /Business Address (up to 36 characters)

City (up to 25 characters)

State (2 characters)

Zip (5 characters)

Zip Expansion (4characters)

Monthly Credit Limit

Single Transaction Limit

Regular P-Card

Travel P-Card

***Name is embossed on card**
****Required only if department uses Reconciler**

Dept (DP Code)

College (CL code)

Cardholder May make changes to Index(es)

Please e-mail completed application to pcardadmin@usu.edu

AUTHORIZATION:

Card Reconciler/Receipt Attacher (Level 10)
Name (Printed) **

Card Reconciler/Receipt Attacher Email Address **

Card Reconciler/Receipt Attacher USU ID # **

Cardholder (Level 100) Signature

Email Address

Date

Business Services (Level 200) Name Printed

Business Services Email Address

Business Services USU ID#

Department Head/Approver (Level 300)
Name (Printed)

Department Head/Approver Signature

Department Head/Approver USU ID#

Department Head/Approver Email Address

Date