

Attachment 7

Department PCard Application

Complete all fields below and email to buyers@isu.edu. Any missing information could create a delay in processing your application. A department PCard is allowed for shared use by approved individuals for authorized business purchases only. Card must be assigned to a card manager for monitoring and daily/weekly reconciling. Each card user must sign a Department Card User Agreement which is kept on file with the department.

Card Information:

Department Card Name: _____
(As it will appear on card - **maximum 24 characters**)

University Department: _____ Campus: _____
(Pocatello, IF, Meridian, etc.)

Statement Mailing Address: 638 E DUNN STREET
POCATELLO, IDAHO 83209 - _____ (Stop #)

Spending Limits

Please check the appropriate box below.

Recommended: Single Purchase Limit: \$ 300 Daily Purchase Limit: \$ 1500 Overall Monthly Limit: \$ 3000

Other: Single Purchase Limit: \$ _____ Daily Purchase Limit: \$ _____ Overall Monthly Limit: \$ _____

Card Manager/Reconciler /Approver Information

The card manager is responsible for keeping a log recording who checked the department card out/in, including time and date, items purchased, amount spent, etc. Card manager and card reconciler can be the same person. The reconciler is responsible to reconcile all transactions, daily reconciling is recommended. The approver is responsible for approving all reconciled transactions. It is recommended that the Approver, or their designee, be the index owner. Your signature below indicates that you have read, and will comply with, the PCard Policy and Guidelines.

Card Manager Name: _____ Email: _____ Signature: _____

Reconciler Name: _____ Email: _____ Signature: _____

Approver Name: _____ Email: _____ Signature: _____

UBO Name: _____ Email: _____ Signature: _____

Default/Local Index Code: _____

For Purchasing Only

PCard Administrator Signature/Date: _____