



PROCUREMENT SERVICES PCARD APPLICATION

PLEASE COMPLETE AND FORWARD SIGNED APPLICATION TO PCard Administrator Box 18

CARDHOLDER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Campus Address: Middle Tennessee State University
Department Name: \_\_\_\_\_
Campus Address: \_\_\_\_\_
Murfreesboro, TN 37132

Reconciler Name: \_\_\_\_\_ Reconciler Email: \_\_\_\_\_

Department Name \_\_\_\_\_ Index Code \_\_\_\_\_
(MTSU Department Responsible for PCard Charges)

Spending Limit: \$5,000 \$25,000
(Circle One)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

As a cardholder, I agree to abide by all MTSU and Procurement Services Policies (Refer IV: 06:01 including section 7.2). Failure by an MTSU employee to comply with these policies may cause the individual to be held personally liable for all charges and temporary suspension of their PCard activities. Continual abuse and/or misuse of University PCard Policies shall result in forfeiture of all Procurement Card privileges and possible disciplinary action up to termination of your employment from the University.

Approver Name: \_\_\_\_\_ Telephone No \_\_\_\_\_ Date \_\_\_\_\_
Print Name

Signature: \_\_\_\_\_ Approver's Email Address: \_\_\_\_\_
Approving Authority

I confirm that the individual listed above is authorized to receive a MTSU PCard and I agree to accept the "Approving Authority Responsibilities" as defined in the PCard User's manual.

Signature: \_\_\_\_\_ Date \_\_\_\_\_
Division Vice President

Signature: \_\_\_\_\_ Date \_\_\_\_\_
Senior Vice President

ACCOUNTING SERVICES

Date Card Ordered \_\_\_\_\_ Assoc Director: \_\_\_\_\_ Signature

PCARD ADMINISTRATOR

Profile \_\_\_\_\_ PCard Administrator: \_\_\_\_\_ Signature Date

Card No \_\_\_\_\_ Date Issued \_\_\_\_\_ Date Trained: \_\_\_\_\_