



# PURCHASING CARD AUTHORIZATION FORM

## CARDHOLDER INFORMATION

**\*The name listed MUST be the LEGAL name of the cardholder**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name on Card \_\_\_\_\_

Position/Title \_\_\_\_\_ Employee Identification Number (EIN) \_\_\_\_\_ County Login/User Name \_\_\_\_\_

Department/Elected Office \_\_\_\_\_ Division \_\_\_\_\_

Work Mailing Address (include suite, if applicable) \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

### DEFAULT EXPENSE ACCOUNT CODING \*= Mandatory Fields

FUND\* \_\_\_\_\_ DEPT ID\* \_\_\_\_\_ ACCOUNT\* \_\_\_\_\_ PROGRAM \_\_\_\_\_

### PROJECT COSTING

FUND SOURCE \_\_\_\_\_ PC BUS UNIT \_\_\_\_\_ PROJECT ID \_\_\_\_\_

ACTIVITY \_\_\_\_\_ CATEGORY \_\_\_\_\_

## PCARD PLACE ACCESS

**Please indicate users that should have access to the applicant's card within Pcard Place**

| NAME | COUNTY USERNAME | EIN | ACCESS NEEDED |
|------|-----------------|-----|---------------|
|      |                 |     |               |
|      |                 |     |               |
|      |                 |     |               |
|      |                 |     |               |
|      |                 |     |               |
|      |                 |     |               |
|      |                 |     |               |

## ACCOUNT LIMITS & AUTHORIZATION

Monthly Credit Limit  
**\$ 15,000**

Single Transaction Limit  
**\$ 15,000**

-OR-

\$ \_\_\_\_\_ \$ \_\_\_\_\_

*\*Agency Management may set account limits at their discretion. The maximum single transaction limit is \$10,000. Please note: all transactions over \$5,000 MUST have quotes obtained and documentation uploaded within Pcard Place.*

Supervisor \_\_\_\_\_

Fiscal Manager \_\_\_\_\_

Division Director \_\_\_\_\_

Department Director/Elected Official \_\_\_\_\_