



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

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