

P-CARD APPLICATION

ALL REQUESTED INFORMATION AND SIGNATURES MUST BE PRESENT ON THIS DOCUMENT PRIOR TO THE APPLICATION BEING PROCESSED.

Choose type of card: P-Card Travel Only Card Departmental Card

Name of Cardholder _____
Print First M Initial Last

Departmental Cards Only: _____
(Department Name as it should appear on the card)

Banner Plus Number: _____ Department _____

Cardholder E-Mail Address _____

Dept. Phone Number _____ Cell Phone _____

Hall Name/Room # _____

Campus Street Address _____

Default Banner Index for Card Purchases _____

P-Card Reconciler _____ P-Card Approver _____

Cardholder Signature _____ Date _____

Dept. Head Approval Signature _____ Date _____

Dept. Head Approval Print Name _____

Vice President/Dean Signature _____ Date _____

Vice President/Dean Print Name _____

Per Transaction Limit	\$1,500
Monthly Limit	\$10,000

E-MAIL THIS COMPLETED FORM TO:

Accountspayable@MiamiOH.edu

Accounts Payable

Room Number: 107 Roudebush Hall

Phone: 9-9200



ACCOUNTS PAYABLE | (513) 529-9200