## Appendix A

## **P-CARD APPLICATION**

ALL REQUESTED INFORMATION AND SIGNATURES MUST BE PRESENT ON THIS DOCUMENT PRIOR TO THE APPLICATION BEING PROCESSED. YOU WILL BE NOTIFIED VIA EMAIL ONCE THE CARD HAS BEEN ORDERED AND RECEIVED.

AND RECEIVED.			
Choose type of card:	P-Card Travel C		Workshop P-Card
Cardholder Name:			
Print	First A	A Initial Last	
Departmental Carc	ds Only:	as it should appear on the card)	
Workshop Cards O	nly:(Workshop Begin Date)	(Workshop End Date)	_
Employee ID:		Cardholder Email:	
Department:		Dept. Phone #:	
		Cell Phone:	
Hall Name / Room #:			
Default Index for Charges:			
		Date	
		Date	
Cardholder Signature	Name	Date	
Cardholder Signature Dept. Head Approval Print	Name	Date	
Cardholder Signature Dept. Head Approval Print Dept. Head Approval Sign	Name ature Name	Date	
Cardholder Signature Dept. Head Approval Print Dept. Head Approval Sign Vice President/Dean Print	Name ature Name	Date Date	
Cardholder Signature Dept. Head Approval Print Dept. Head Approval Sign Vice President/Dean Print Vice President/Dean Signo	Name ature Name ature	Date Date Date	al
Cardholder Signature Dept. Head Approval Print Dept. Head Approval Sign Vice President/Dean Print Vice President/Dean Signa	Name ature Name ature \$2,000/Individual \$10,000/Individual	Date Date Date Date \$5,000/Department	al
Cardholder Signature Dept. Head Approval Print Dept. Head Approval Sign Vice President/Dean Print Vice President/Dean Signa Per Transaction Limit Monthly Limit	Name ature Name ature \$2,000/Individual \$10,000/Individual \$10,000/Individual	Date Date Date Date  \$5,000/Department \$20,000/Department \$20,000/Department \$20,000/Department	al
Cardholder Signature Dept. Head Approval Print Dept. Head Approval Sign Vice President/Dean Print Vice President/Dean Signa Per Transaction Limit Monthly Limit E-MAIL THIS COMPLETEE Accounts Payable	Name ature Name ature \$2,000/Individual \$10,000/Individual \$10,000/Individual D FORM TO: miOH.edu	Date Date Date Date  	al
Cardholder Signature Dept. Head Approval Print Dept. Head Approval Sign Vice President/Dean Print Vice President/Dean Signa Per Transaction Limit Monthly Limit E-MAIL THIS COMPLETER Accountspayable@Mia	Name ature Name ature \$2,000/Individual \$10,000/Individual \$10,000/Individual D FORM TO: miOH.edu udebush	Date Date Date Date  \$5,000/Department \$20,000/Department \$20,000/Department \$20,000/Department	al