Auburn University

Purchasing Card Application Cardholder Information - (To be completed by Applicant)

First Name	Mid	ldle Initial		Last Name (Maximum of 24 Characters)
Banner ID Number			Title	
Department Name				Business Phone Number (10 Digits)
Department Abbrev	viation			Group Reconciler/Administrator*
Campus Address				
City		State)	Zip (10 Digits)
Applicant Email Ad	dress			
Employee's Signate \$499 \$3		el Only (\$250)		Date
Single Transaction	,	, (, ,		
\$1,000 \$ Suggested Monthly		5,000	\$10,000	Fuel Only (\$1,000)
Dean/Director/Department Head's Signature				Date
	ation Provided by F by Procurement an	-		
Monthly Credit Limi	t			
PBS Program Adm	inistrator's Signatur	e		

*The"Group Reconciler/Administrator" is defined as the employee who prepares the monthly Purchasing Card

Reconciliation for that area.

After completion and approvals, upload completed form in Banner Self-Service on the Request PCard tab.