



UNIVERSITY OF THE INCARNATE WORD

P-Card Application

ALL REQUESTED INFORMATION AND SIGNATURES MUST BE COMPLETED PRIOR TO PROCESSING THIS APPLICATION. ALL CARDHOLDERS ARE CHARGED A \$40 ANNUAL CARD FEE.

Type of Card: Individual Departmental Card Fleet

Name of Cardholder (PRINT) _____
(As it should appear on the card) (First) (M.I.) (Last)

Cardholder Title _____ Department _____

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

Departmental Cardholder Name _____

Banner FOAP Number _____ - _____ - _____ - _____
(FUND) (ORGN) (ACCT) (PROG)

Credit Limit: If Other, Amount Requested _____

Employee PIDM _____ Date of Birth _____

Cardholder Email Address _____

Phone Number _____ Cell Phone _____

Expense Report Approver _____

Expense Report Account Group Manager _____

Cardholder Signature _____ Date _____

Dept. Head Approval Signature _____ Date _____

Dept. Head Name (Print) _____

Vice President/Dean Signature _____ Date _____

Vice President/Dean Name (Print) _____

E-MAIL THIS COMPLETED FORM TO: UIWCC@UIWTX.EDU

Procurement Office Use Only

Processed By: _____ Processed Date: _____ Card Issued (Last 4 digits) _____