P-CARD Cardholder Enrollment Form

The College of Idaho

Cardholder Applicant Information

Is this an update to a previous Enrollment Form? ☐ No ☐ Yes (If yes, provide name only and any needed updates)

Have you previously obtained a C of I Procurement Card? ☐ No ☐ Yes

☐ New Employee ☐ Transferred Employee Employment Status: ☐ FT ☐ PT

Department Name: _____

_____

First Name Middle Initial Last Name

_____

Address City State Zip Code

_____

Business E-mail Address Business Phone C of I Employee ID

Spending Limits - Justification needed for increased spending limits. Please attach explanation.

Card Spending Limits: _____ (defaults: $2500/$5000)

Single Transaction Limit Monthly Credit Limit

Authorized Assistant

Assistants can view transactions, submit receipts, and fill out transaction details. Assistants must be a College of Idaho employee.

Would you like to authorize an assistant for this account ☐ No ☐ Yes

_____

First Name Middle Initial Last Name

_____

Business E-mail Address Business Phone C of I Employee ID

Required Signatures

Applicant: _____ Date: _____

Authorized Assistant (if necessary): _____ Date: _____

Budget Manager: _____ Date: _____

Department Head (if different than Budget Manager): _____ Date: _____

_____

P-CARD Program Administrator Name P-CARD Program Administrator Signature