



**State of Washington – Agency Profile**

NAME: \_\_\_\_\_  
Example: WWU – Business Department

STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
Building Prefix Room Number  
*As listed on your Travel Card application*  
MS \_\_\_\_\_  
*List your mail stop number*  
Bellingham, WA 98225 \_\_\_\_\_

ACCOUNT CONTACT: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Please complete and form and return to Pcard Desk, MS1420.**