



PURCHASE CARD APPLICATION/AGREEMENT
INDIVIDUAL CARD

A. Card Holder Information, per TSK-U5348.04A **Date of PCard Training:**

Last Name _____ First Name _____ ~~MI~~ _____ Title _____
~~WU~~ ~~U~~ ~~W~~ ~~U~~ Login _____ ~~C~~ampus Phone _____ ~~H~~ome Phone _____ ~~E~~mail _____

B. Department Information

Campus Department _____ ~~B~~uilding _____ ~~R~~oom _____ ~~C~~ampus Mail Stop _____

C. Approving Official Information, per TSK: U5348.04B **Date of Pcard Training:**

Last Name _____ ~~F~~irst Name _____ ~~WU~~ ~~U~~ ~~W~~ ~~U~~ Login _____ Alternate Login _____
 (only if login is used as a cardholder)
 Title _____ ~~E~~mail _____ ~~C~~ampus Phone _____

D. ACCOUNTING INFORMATION

Fast Index:	Fund:	Acct: E111	Actv:	Locn:	Proj:
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E. Purchasing Card Controls: (The University sets a standard limit for pcards).

Single Transaction Limit 3,000	Daily Spending Limit 10,000	Monthly Spending Limit 10,000	Transactions Per Day 10
<i>If a lower threshold is desired, please indicate below.</i>			
\$ _____	\$ _____	\$ _____	

COMMENTS:

For Office Use Only

BA _____ Emp Ver _____ DB _____ Hierarchy _____ Hierarchy Level _____ Role _____ ACCT# _____
 Ap Rec'd _____ JPMC _____ Card Rec'd _____ Card Dist _____ PayNetAccess _____ Rev _____



CONTINUE: PURCHASE CARD APPLICATION/AGREEMENT
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E. Financial Manager Signature

As the Financial Manager, I approve of the p-card participation of the name stated in section A. My responsibilities will continue to ensure that department personnel will comply with dollar limits and other University policies and procedures requirements for purchasing goods and services using a P-card.

I take full administrative responsibility for the action of the Cardholder and I approve the limits set forth in section D of this agreement.

I designate the following Budget Authority listed in section F to approve all transactions to this account on my behalf:
(Only check box if Financial Manager is assigning Budget Authority, as stated in section F.)

Print/Type Name of Financial Manager

Signature

Date

F. Budget Authority Signature

As the Budget Authority, I will monitor and accept full responsibility of approval for all p-card activities on behalf of the Financial Manager,

I designate the approver in section C to approve all transactions in the online data system.
(Only check box if Budget Authority is assigning Approver authority, in section C.)

Print/Type Name of Budget Authority

Signature

Date

G. Card Holder Signature

- As a Cardholder, I agree to accept the responsibility for the protection and proper use of this Purchasing Card.
- I also acknowledge that all purchases must comply with state, agency, and purchasing statutes, rules, policies, and procedures.
- I understand that this Procurement Card is to be used for Western Washington University business purchases only and is NOT to be used for any personal purchases.
- **My signature affirms that I have read and agree to comply with the terms and condition of this agreement.**

Signature of name in section A

Date