



PCARD APPLICATION FORM University of Central Oklahoma

New Transfer

Introduction: The University of Central Oklahoma Purchasing Card (PCard) Program is available to all departments. Departments will be required to comply with specific requirements inherent with the possession and use of a credit card.

Cardholder Name: _____

Banner ID#: _____ E-mail Address: _____

Mother's Maiden Name: _____ Date of Birth: _____
(This information is required for security purposes)

College/Department: _____

Default Org #: _____ Default Acct #: _____ Campus Phone #: _____

Billing Information: University of Central Oklahoma

Building/Room: _____ Campus Box#: _____

Street: 100 N University Drive City/State/Zip: Edmond, OK 73034-5207

Dept. Contact Person: Primary: _____ Backup: _____

Financial Manager: I request that the individual listed below be approved as a designated cardholder for our department. We have reviewed, understand, and agree to the responsibilities and procedures associated with the use of a UCO PCard.

Designated Cardholder: As a holder of a UCO PCard, I agree to accept responsibility for the protection and proper use of this card as outlined in the PCard guidelines.

Name (Type or Print)

Signature

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Dean/Dir.: _____ Financial Mgr.: _____

Date: _____ Date: _____

Submit completed form to Administrative Services, ADM 111, Box 222.

Do not write below this line – for Administrative use ONLY.

Card Requested Date: _____	PN	SS
Attended Training: _____	Date: _____	
Card Received: _____	Date: _____	