

## **APPLICATION: PCARD AND TRAVEL CARD**

			PCARD	TRAVEL CA	RD		
APPLICA	NT:						
FIRST NAME		LAST NAME		POSITION/TITLE	DEPART	DEPARTMENT	
EXT		YSU EMAIL		BANNER ID	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	DATE OF BIRTH (XX/XX/XXXX)	
HOME AD	DDRESS LINE 1	IE 1 HOME ADDRESS LINE 2		CITY	STATE	ZIP CODE	
	REASON	I(S) CARD IS NEEDED		DEFAULT FUND	DEFAULT ORGANIZATION	DEFAULT PROGRAM	
	-	-		-	month. A request for higher socumenting the necessity for	-	
DELEGAT	E: A delegat	e can process PCard	Statements and Tr	ravel Expense Reports in Concu	ur for the cardholder.		
FIRST NAMI	ME LAST NAME		EXT POSITION/TITLE		YSU EI	YSU EMAIL	
FINANCIA	AL MANAG	ER/SUPERVIS	OR:				
FIRST NAME	ME LAST NAME		EXT	POSITION/TITLE	YSU EI	YSU EMAIL	
SIGNATU	IRES: It is the	e responsibility of the o	cardholder and the j	financial manager/supervisor to	read, understand, and comply wi	ith the guidelines.	
Mail the co	ompleted form	to Procurement Se	ervices, Room 20	113, Jones Hall, fax to exten	osion 3499, or email to <u>procu</u>	re@ysu.edu.	
For Administrati	ive Use Only: Sin	gle transaction limit \$	01	Monthly limit \$	2 <sup>nd</sup> Line Embossing:		
□ Approve □ Deny	Manager of Accounts Payable & Travel Services		Date	PaymentNet: CM / MCC group  Concur User Admin: □ CBS Statement User / □ FOAP / □ Approver / □ Delegate  Concur Tools >mg accts>: □ assign □ modify □ icon (CH Setup)			
□ Approve □ Deny	Julie		□ Last 4 digits of card □ CH Agreement □ Email	□ CH Agreement □ Conflict of Interest form □ TCARD Reference Sheet			
	Director of Procurement Services Date		Date	□ CHL			