

**Procurement Card
Application
02/18/2022**



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Dept. Name _____

Dept. Address: _____
Street Address

City State ZIP Code

Dept. Phone: _____ Email _____

Monthly Limit: _____ Transaction Limit: _____ Budget Default: _____

Last 4 digits _____ MUID #
Of SS#

Will you be using this card for travel? YES NO

Will this card be used to make small purchases with small dollar amounts? YES NO

Justification

Please provide justification as to why this Purchasing card is needed:

Disclaimer and Signature

I acknowledge and agree to adhere to Mercer University Purchasing Card Policies & Procedures. I have read and understand what is required to obtain a P-Card and the consequences of non-compliance which will result in deactivation if not followed.

Employee Signature: _____ Date: _____

Supervisor Signature _____ Date: _____

Please list the name and contact information of the approver and/or approver delegate who will reconcile the P-Card charges.

