

**Procurement Card  
Application  
10/15/2024**



**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Dept. Name \_\_\_\_\_

Dept. Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

Dept. Phone: \_\_\_\_\_ Email \_\_\_\_\_

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

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.

\_\_\_\_\_  
\_\_\_\_\_