



WSSU

P-CARD ENROLLMENT FORM (Commercial Card Application)

INSTRUCTIONS: Please type or print using black ink. Complete all information. Incomplete forms will be forwarded back to the Department Head. Forward original application to: Willa Dean Scott – P-Card Administrator – Purchasing Services – 1604-B Lowery Street, Room 116. The cardholder must be a permanent employee of WSSU.

CARDHOLDER INFORMATION

The Cardholder and Reconciler CANNOT be the Same Person

Name on P-Card/Account _____ Title _____ Banner ID # _____

E-mail Address _____ Telephone () _____ Last 4 digits of Social Security Number _____

Campus Mailing Address: Department _____ Building & Room # _____

City/State/Zip _____

Cardholder Limits	Single Transaction Limit	\$ 2,500.00 (not to exceed)
	Daily Transaction Limit	\$ 5,000.00
	Monthly Credit Limit	\$10,000.00

Date _____ Signature of Cardholder _____

DEPARTMENT RECONCILER FOR THIS ACCOUNT

The Reconciler and Cardholder CANNOT be the Same Person

Name _____ Title _____ Banner ID # _____

E-mail Address _____ Telephone () _____ Last 4 digits of Social Security Number _____

Campus Mailing Address: Department _____ Building & Room# _____

City/State/Zip _____

Designated Fund Numbers(s) _____

Note: Please notify Purchasing when grants have expired or when there is a change in grant fund numbers.

SIGNATURES:

Date _____ Printed Name of Department Head _____

Date _____ Signature of Department Head _____

Date _____ Printed Name of Vice-Chancellor/Provost/Chancellor (whichever is applicable)
(Required ONLY when the Cardholder is the Department Head)

Date _____ Signature of Vice-Chancellor/Provost/Chancellor (whichever is applicable)
(Required ONLY when the Cardholder is the Department Head)