

**KENT STATE UNIVERSITY  
PCARD APPLICATION**

**CARDHOLDER INFORMATION** *Card must be issued under cardholder's legal name.*

Name (Legal First and Last): \_\_\_\_\_

Email: _____	Department: _____
Office Phone: _____	Banner ID: _____

**CARD SPECIFICATIONS** *Information about card types and monthly credit limits is in the University Pcard Manual, in the Account Configuration and Spend Profiles section.*

**Select Card Type:**

_____ Department Card <i>(For general purchases, transportation, and lodging, NOT food.)</i>	_____ Fleet Card <i>(Replaces Voyager card.)</i>
_____ Individual Travel Card * <i>(Reserved for individuals whose positions require significant travel. Can be used for transportation and lodging, NOT food.)</i>	_____ Custom Card * <i>(Describe configuration needs below.)</i>

**Select Monthly Credit Limit:**

_____ \$2,500	_____ \$15,000	_____ \$250 <i>(Fleet Card only)</i>
_____ \$5,000	_____ \$20,000	_____ \$500 <i>(Fleet Card only)</i>
_____ \$10,000	_____ \$25,000	_____ Custom Amount * <i>(Explain custom need below.)</i>

**Single Transaction Limits are \$4999.99 for lodging and transportation, \$2499.99 for all other purchases.**

**Provide an explanation of custom card configuration needs:**

**TRANSACTION RECONCILIATION** *Information about the reconciler and approver roles and responsibilities is in the University Pcard Manual in the Program Administration and Roles section.*

Default index for pcard transactions  
(No grant, cost share, or program income indexes; can be changed during reconciliation process.) \_\_\_\_\_

Reconciler Name: <small>(SKIP if cardholder will reconcile)</small>	Reconciler Email:
Approver Name:	Approver Email:
Backup Approver Name: <small>(Optional)</small>	Backup Approver Email:

**SIGNATURES** *I hereby certify that I/the applicant listed above have/has a valid business purposed to be issued a pcard for the limits requested.*

Cardholder:	_____	_____
	Signature	Date
Department Head:	_____	_____
	Signature	Date
Dean/Chair:	_____	_____
	Signature	Date
Vice President/Provost:	_____	_____
	Signature	Date

*\* Executive level approval is required for Individual Travel Cards and for all custom card configurations.*