

# Cardholder Application ~ State of Iowa Purchasing Card (Pcard) /Travel Card

Agency/Department: \_\_\_\_\_  Pcard  Designated Vendor Pcard  Travel Card  Dept. Travel Card

Employee **Legal Name** (last, first, middle): \_\_\_\_\_ Employee # \_\_\_\_\_

Employee Email Address: \_\_\_\_\_ Employee Phone: \_\_\_\_\_

Activation Number (Last 4 digits of employee's SSN or Employee ID; same 4 digits may be used as PIN after activation): 00000-\_\_ \_\_ \_\_ \_\_

Employee Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Pcard

Monthly Credit Limit: \$ \_\_\_\_\_ Transaction Limit: \$ \_\_\_\_\_ Velocity Settings: \_\_\_\_\_ (optional; # or \$/ day)

Default Account Coding: Fund  Dept.  Unit  Sub-Unit  Object

### Travel Card

Monthly Credit Limit: \$ \_\_\_\_\_ Transaction Limit: \$ \_\_\_\_\_ Velocity Settings: \_\_\_\_\_ (optional; # or \$/ day)

Default Account Coding: Fund  Dept.  Unit  Sub-Unit  Object

### Other (if applicable) Monthly

Credit Limit: \$ \_\_\_\_\_ Transaction Limit: \$ \_\_\_\_\_ Velocity Settings: \_\_\_\_\_ (optional; # or \$/ day)

Default Account Coding: Fund  Dept.  Unit  Sub-Unit  Object

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**Required Signatures:**

By signing below, the designated parties acknowledge their roles in the State of Iowa Purchasing Card Program, as described in "Detailed Roles and Responsibilities," and agree to adhere to the Program's rules, responsibilities, policies, and procedures contained in the **State of Iowa Purchasing Card Policy and Procedures Manual**, as well as any internal Agency Pcard policies, procedures, or requirements. *Usage violations or failure to follow State or internal Agency Pcard policies may result in administrative action, such as card suspension or revocation, or disciplinary action, up to and including termination.*

### Cardholder:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Supervisor:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Agency Pcard Coordinator:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



**All signatures required. Agency Pcard Coordinators:** Please send completed forms to [Pcard@iowa.gov](mailto:Pcard@iowa.gov). Keep one copy for your records.