



Cardholder Application-State of Iowa Purchasing Card (PCard)/Travel Card

Agency/Department: _____ PCard Designated Vendor PCard Travel Card Dept Travel

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

Employee Email Address: _____ Employee Phone: _____

Activation # (Last **4 digits of employee #**; same 4 digits may be used as PIN to activate): 0000__ _

Employee Office Address: _____

City: _____ State: _____ Zip Code: _____

PCard

Monthly Credit Limit: \$ _____ Transaction Limit: \$ _____ Velocity Settings: _____ (# or \$/day)

Default Accounting Coding: Fund Dept Unit Sub Unit Object

Travel Card

Monthly Credit Limit: \$ _____ Transaction Limit: \$ _____ Velocity Settings: _____ (# or \$/day)

Default Accounting 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 revocations, or disciplinary action, up to and including termination.*

Cardholder:

Signature: _____ Date: _____

Print Name: _____ Date: _____

Supervisor:

Signature: _____ Date: _____

Print Name: _____ Date: _____

Agency PCard Coordinator:

Signature: _____ Date: _____

Print Name: _____ Date: _____