



CARDHOLDER INFORMATION

*The name listed MUST be the LEGAL name of the cardholder

First Name MI Last Name Preferred Name on Card

Position/Title Employee Identification Number (EIN) County Login/User Name

Department/Elected Office Division

Work Mailing Address (include suite, if applicable) City ZIP

Work Phone Work Email

DEFAULT EXPENSE ACCOUNT CODING *= Mandatory Fields

FUND* DEPT ID* ACCOUNT* PROGRAM

PROJECT COSTING

FUND SOURCE PC BUS UNIT PROJECT ID

ACTIVITY CATEGORY

PCARD PLACE ACCESS

Please indicate users that should have access to the applicant's card within Pcard Place

Table with 4 columns: NAME, COUNTY USERNAME, EIN, ACCESS NEEDED

ACCOUNT LIMITS & AUTHORIZATION

Monthly Credit Limit \$ 10,000

Single Transaction Limit \$ 5,000

-OR-

\$ \$

*Agency Management may set account limits at their discretion. The maximum single transaction limit is \$10,000. Please note: all transactions over \$5,000 MUST have quotes obtained and documentation uploaded within Pcard Place.

Supervisor

Fiscal Manager

Division Director

Department Director/Elected Official