



Office of Purchasing/Contract Management
 3410 Taft Boulevard Wichita Falls, Texas 76308-2099

P-Card Application

Cardholder Information			
First Name _____	Last Name _____	Employee ID M	
Address Line 1	3410 TAFT BLVD	Social Security # (Last 4 Digits) XXX -XX -	
Department	_____	Work Phone	
Email Address	_____	Cell Phone	@msutexas.edu
City	WICHITA FALLS	State	TX Zip Code 76308

Spending Controls - For Approver Use			
Default Fund Org & Program code to be used. These codes may be adjusted as needed on the Transaction Log.			
Fund _____	Org _____	Program _____	
Default credit limits			
Monthly Credit Limit	\$1,000	Single Purchase Limit (STL)	\$500

P-Card Application Approvals		
Cardholder's Signature: _____		Date _____
Departmental Approver's Signature: _____	Printed Name _____	Date _____
Vice President's/Provost's Signature: _____	Printed Name _____	Date _____
Applicant: Please print and forward for signature approval. Submit completed form to the Purchasing Office.		

Purchasing Use Only		
Verified:	Date	Initials
Benefit Eligible x4221		
Application Submitted		
Application #		

Questions regarding this form should be forwarded to the P-Card Administrator at x4740.