Western Carolina University
New Purchasing Card (T-Card) Application

Cardholder Information

Name (print):	
Signature:	
Department/Office Name:	
Email Address:	
Phone#:	
92#:	

Division:
School (if applicable) (or other):

Budget/Fund #:	_____;_____;_____;_____;_____
Default Fund & Account #:	**Fund #** _____ **Account #**_____

Note: If adding more than 5 funds, list them on a separate sheet of paper and attach. Make sure the Accountable Officer signs for the funds on both sheets

Reconciler	
Name (print):	**Signature:**
Email Address:	**92#:**

Approving Supervisor (Department Head/Accountable Officer)	
Name (print):	**Signature:**

** Cardholder makes ALL purchases with his or her P-Card. The P-Card must be used ONLY by the named cardholder. No departmental card, NO SHARING!*
*** Reconciler reviews and signs off on all charges made by cardholder. This person CANNOT be the cardholder nor the department head/supervisor/dean (on this application).*
**** Approving Supervisor reviews charges made by cardholder after reconciler has reviewed the documents.*
NOTE: Cardholder, Reconciler and Supervisor must all be full-time, permanent employees of WCU (Exceptions can be made, please call P-Card manager for details)