



Western Carolina University  
New Purchasing Card (PCard) 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.

**Reconciler**

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

**Approving Supervisor**

Name (print):	Signature:
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*\*Cardholder makes ALL purchases with his or her PCard. The PCard 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 Approving supervisor (on this application).*

*\*\*\*Approving Supervisor reviews all 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 PCard manager for details)**