Western Carolina University
New Purchasing Card (TCard) 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:**

   *Cardholder makes ALL purchases with his or her TCard. The TCard 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 TCard manager for details)