



FLORIDA POLYTECHNIC UNIVERSITY
PCARD PROGRAM
CARDHOLDER PROFILE

Date: _____

Cardholder Name: _____ Employee ID Number: _____

Mother's Maiden Name: _____ Department: _____

Email: _____ Phone: _____

- Action Requested: ___ Request New Card
___ Commodities Only
___ Commodities & Travel (requires travel addendum)
___ Close Account
___ Other: _____

Monthly Limit Requested: \$_____ (Maximum Initial Amount: \$5,000)

Single Transaction Limit: \$_____ (Maximum \$2,500)

Cost Center: _____

Department Head Signature: _____ Date: _____

Cost Center Manager Signature: _____ Date: _____

(if other than Department Head)

Director of Procurement or Designee (print): _____

Signature: _____

Date: _____