

FLORIDA POLYTECHNIC UNIVERSITY

P - CARD PROGRAM

CARDHOLDER PROFILE

Date: \_\_\_/\_\_\_/\_\_\_

- Action Requested  Request new card
- Close Account – complete termination form
- Other:

Cardholder Name:

Employee ID Number:

Mother’s Maiden Name:

Department:

Business Address:

Phone:

Fax:

e-mail:

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

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

Director Signature:

Cost Center Manager Signature:

(if other than Director)



Director of Procurement or Designee (Print): (print)

(sign)

(date)

CARD TYPE (Check One)	
<input type="checkbox"/>	Commodities Only
<input type="checkbox"/>	Commodities & Travel *
* Requires Travel Addendum	