

# P-card Application

P-card is provided to BSU employees based on business need to purchase materials for the State of Idaho. P-cardholders are required to adhere to purchasing policy. P-card purchases are subject to audit to ensure compliance to policy. Please review policy online @ [http://finad.boisestate.edu/pcards\\_main.htm](http://finad.boisestate.edu/pcards_main.htm)

## Cardholder Information Please print clearly. Missing or illegible information slows card-ordering process.

State of Idaho Agency: Boise State University

\_Employee Name \_\_\_\_\_  
LEGAL NAME AS IT APPEARS ON EMPLOYEE RECORDS -maximum 20 characters

\_Department/Business Unit \_\_\_\_\_ Job Title \_\_\_\_\_

\_BSU ID # 11 \_\_\_\_\_

\_Employee Status (Check one)  Permanent  Temporary  Student Employee

Cardholder E-Mail \_\_\_\_\_@boisestate.edu Work phone \_\_\_\_\_

\_Pcard limits- Designated by department based on business need

Single Transaction Limit \$ \_\_\_\_\_ not to exceed \$1,999

Overall Monthly Limit \$ \_\_\_\_\_ not to exceed \$10,000

\_Default Dept Id \_\_\_\_\_  
10 digit department fund

Above Dept ID will be charged for pcard purchases in the event allocation is not received by designated due date. Grants funds may not be designated as a default unless grant is only source of funding.

\_Department Coordinator(Approver) \_\_\_\_\_

Email \_\_\_\_\_@boisestate.edu

Department Coordinator/Approver is responsible for reviewing and processing allocation of pcard charges for department cardholders-

## Signatures -Required for pcard authorization

\_Cardholder Signature \_\_\_\_\_

\_Dept P-card Coordinator Signature \_\_\_\_\_  
If cardholder & coordinator are the same, leave blank-

\_Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Distribution: Forward form to P-card Administrator - Copy to be retained by department

MAIL TO PCARD MS 1210 OR FAX TO EXT 6-1152

## To be completed by Purchasing Card Administrator

Employee Status & Info verified by \_\_\_\_\_ Date \_\_\_\_\_ Notes \_\_\_\_\_

Ordered \_\_\_\_\_ To P&D \_\_\_\_\_ Date Activated \_\_\_\_\_ (Certification form rec'd)  
Date Date

Card # issued: xxxx-xxxx \_\_\_\_\_  
Exp date \_\_\_\_\_ Agency Purchasing Card Administrator Signature