

University System of New Hampshire

Purchasing Card Application

Request For:

- New Card
- Permanent Change to Existing Card
- Reinstatement Post Suspension
- Last 4 digits of card:

Requested [Card Type](#):

- Individual Card (select only one below)
 - Standard
 - Standard Plus
 - Travel
 - Abroad
- Department Card (select only one below)
 - Standard
 - Standard Plus
 - Travel
 - Abroad

Cardholder Information

USNH Employee ID #

Full Legal Name

Optional 2nd Embossed Line (22-character limit, including spaces)

Preferred Email Address

Preferred Phone Number

Home or Campus Mailing Address may be used below:

Mailing Address Line 1

Mailing Address Line 2

City

State

Zip Code

PCard Requested Limits

Single Purchase Limit

Monthly Purchase Limit

Daily Transaction Limit

Monthly Transaction Limit



Description of card and intended uses. If a Department Card has been requested, include a list of Authorized Users.

[Large blue rectangular area for description of card and intended uses]

By signing and authorizing this request, I acknowledge that I understand the related policies for the requested card type and accept responsibility for its use.

[Signature box]

[Printed Name/Title box]

[Date box]

Cardholder Signature

Printed Name/Title

Date

[Cardholder Email box]

Cardholder Email

Direct Supervisor/Designee or PI: I hereby request a PCard be issued as outlined above.

[Signature box]

[Printed Name/Title box]

[Date box]

Signature

Printed Name/Title

Date

Campus CFO (if applicable)

[Signature box]

[Printed Name/Title box]

[Date box]

Signature

Printed Name/Title

Date

Submit signed application through [Procurement Support/Inquiry ticket.](#)

For USNH Procurement Services Use Only

Date Training Scheduled: [Date box]

Date Training Completed: [Date box]

Date PCard Order: [Date box]

Date Card Information Recorded in Financial System: [Date box]

[Signature box]

[Printed Name/Title box]

[Date box]

Signature

Printed Name/Title

Date