



PCard Cardholder Application

A p p l i c a n t I n f o r m a t i o n

User Name:	First: _____ Last: _____	<i>Name of user card is issued to.</i>
Position Title:	_____	<i>User's position title or affiliation with SFC.</i>
SF ID #:	_____	<i>SF employee identification number.</i>
Department Name:	_____	<i>User's department.</i>
Default Department Account:	_____	<i>Default account used when posting user's charges.</i>
	Check Box if Grant <input type="checkbox"/> Date Grant Expires: _____	<i>Indicates if account is a grant and expiration date.</i>
Campus/Center:	_____	<i>User's location.</i>
Building/Room Number:	_____	<i>User's physical location within the campus/center.</i>
Email Address:	_____	<i>User's email address for Pcard related information.</i>
Campus Telephone Number:	_____	<i>User's campus telephone number.</i>
Secondary Telephone Number:	_____	<i>User's secondary telephone number (i.e., cell or home)</i>

S i g n a t u r e

I approve this applicant to be issued a PCard and ensure that applicant is an employee in good standing with Santa Fe College.

Budget Authority Name/Title:	_____		
Signature:	_____	Date:	_____
LIMITS:	_____	_____	<i>Define default limits</i>
CARD PROFILE:	_____		<i>Define card profile</i>
PCard Administration Signature:	_____	Date:	_____