TEXAS A&M UNIVERSITY-CORPUS CHRISTI

PURCHASING CARD PROGRAM CARDHOLDER APPLICATION/APPROVAL FORM

Once completed please email form to: pcard@tamucc.edu

Cardholder: 2112043 Purchasing Card Overview and submit with	ccount on GCMS in association with the ise specified, maximum is \$5000.00)
E-mail:	ccount on GCMS in association with the ise specified, maximum is \$5000.00)
Cell Phone Number: ble, Support Account) unt number designated will be the default expense account n	ise specified, maximum is \$5000.00)
Single transaction limit: (STL is \$ 2000.00 unless otherwise) Cardholder: 22112043 Purchasing Card Overview and submit with	ise specified, maximum is \$5000.00)
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AU-CC in regards to purchases and selection of vendors approved. pprovals. re required and should be uploaded into Concur	• •
exas A&M University-Corpus Christi. I agree to the reprogram Guide". I further agree to adhere to the depart dholder Agreement prior to Procurement Card issuance ary action, up to and including termination of my employe	rtmental delegated authority guidelines and to ce. Upon the issuance of card, I understand the
F r	exas A&M University-Corpus Christi. I agree to the reprogram Guide". I further agree to adhere to the depatholder Agreement prior to Procurement Card issuance ry action, up to and including termination of my emplement.

P-card application Revised 01/24/2023 Page 1 of 2

Applicant's Name:	UIN:		
Department/Division Head Responsib	ilities:		
The Department/Division head, or Designee, is responsible	set his/her p-card limits. to ensure sufficient funds g on a monthly basis using review and compare all re business only. nployee terminates emple	Concur. eceipts with each month's transopyment or transfers to a differer	
Department/Division Head Approval & Agreement: I hereby approve the applicant, listed above, for issuance of a Texas A&M University -Corpus Christi Procurement Card . I have assigned the duty to assure the account used will have sufficient funds to cover any charges made by individual. I have assigned the duty to assure monthly reconciliation of all transactions will be done as required and all documentation retained. I understand that the improper use of this card by this individual may result in disciplinary action, up to and including termination of employment. I am responsible for reviewing purchases thoroughly each month by reviewing receipts in Concur which is necessary to prevent fraudulent use of the card. I understand my responsibilities listed above. I further agree to review and be familiar with the P-Card online training prior to approving any expense reports.			
Department/Division Head Name (Print/Type)	Department/Div	ision Head Name Signature	Date
Designee Assignment: This person is designate should have a title of Associate or Assistant Vice President, or Business Coordinator/Manager.) The person designated by the Department/Division head e by cardholder. The designee is responsible for the following Complete training and quiz for Guidelines for Dis Monitor accounts being used by cardholder to er Approve the monthly Expense Report routing in a Review the accounts and object codes used; ensured	Dean, Associate or Assistants nsures that the account us is: bursement of Funds nsure sufficient funds are acconcur.	nt Dean, Department Chair, Directed will have sufficient funds to devailable.	ctor, Assistant Director,
Designee Agreement: I understand it is my responsibility to ensure the accounts umonthly expense reports and receipts. I agree to review an			- T
Designee Name (Print/Type)	Designee Signature		Date
Purchasing Department Use Only:			
P-Card Program Administrator	Date	Dept. Acronym	Card Ordered (Date)
Hierarchy:		-	