

**TRUMAN STATE UNIVERSITY PROCUREMENT CARD (P-CARD) PROGRAM
ACCOUNT ACTION REQUEST FORM**

<p>New Account Approved for travel expenses for <u>DOMESTIC</u> travel only-airfare, lodging & registrations.</p> <p>Account Cycle Controls Total Cycle Dollar Limit \$ _____ Max \$ per Transaction* \$ _____</p> <p><small>*maximum transaction limit/vendor/day</small></p>	<p>Close Account</p> <p>Other _____ _____ _____</p>
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CARDHOLDER INFORMATION

Please Print or Type

Default Funding Strategy #			
	Fund Code	Organization/Budget Code	Program Code
Cardholder Name:			
	First	Middle	Last
<small>NOTE: First and last name must match driver's license (a middle name may be included complete name does not exceed 25 characters (including spaces))</small>			
Department			
Social Security Number	XXXX -XX - ____ (only last 4-digits required)		
Position / Title			
Statement Address	100 E Normal Avenue		
City / State / Zip	Kirksville, MO 63501		
Telephone Number	(____) _____ - _____		
E-mail Address			

Cardholder Signature	Date of Request
Dean/Department Head Approval	Date of Approval
President's Staff Approval	Date of Approval
Angela Carron, Supervisor of Accounts Payable Procurement Card Coordinator Signature	Date Authorized

Send to Accounts Payable for processing. Questions, please contact Carolyn Wriedt at x4289 or cwriedt@truman.edu.

<p>**Business Office Use Only** Payroll verification of current faculty/staff status:</p>
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