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

☐ New Account ☐ Approved for travel expenses for DOMESTIC travel only-airfare, lodging & registrations. Account Cycle Controls ☐ Total Cycle Dollar Limit $3,000 ☐ Max $ per Transaction* $1,000 *maximum transaction limit/vendor/day	☐ Close Account ☐ Other_____ _____ _____ _____

This section to be completed by Business Office

New P-Card mailing Address: **Truman State University** **Attn: Carolyn Wriedt/Business Office-Accounts Payable** **100 E Normal Avenue** **Kirksville, MO 63501** **____Expiration Date: ___ / ___ / _____**	**Control Account Information** **___ New Control Account** **New Control Account Name: _____** **___ Add to existing Control Account** **Existing Control Account No. **** **** _ _ _ _ - _ _ _ _**

CARDHOLDER INFORMATION

Please Print or Type **COA: 1** **Bank: 20**

Default Budget Account #	__ __ __ __ __ __ __ __ __ __ __ __ **72144** __ __ **Fund Code** **Orgn Code** **Default Account Code** **Program Code**
Cardholder Name	
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 Member ean/Department Head Approval Date of Approval

_____ _____
Angela Carron, Supervisor of Accounts Payable Date Authorized
Procurement Card Coordinator Signature

Send to Accounts Payable for processing.

Business Office Use Only
Payroll verification of current faculty/staff status…_____