

SIUE PCARD ACCOUNT REQUEST FORM

Request Type Select:

Employment Status Select:

AIS Unit # 7 _____ Department: _____

CARDHOLDER (print or type) _____ SIUE ID: 800- _____

Date of Birth: _____ Mother's Maiden Name: _____

Home Address: _____

Home City: _____ Home Zip Code: _____

SIUE Building & Room #: _____ Campus Box #: _____

Campus Location: _____ Zip Code: _____

Cardholder's direct line: _____ SIUE Email Address: _____@siue.edu

In Case of Emergency, Cardholder's Mobile (Cell) Phone: _____

I hereby certify that the above information is true and correct.

Cardholder **Signature** _____ Date _____

DEFAULT CARD LIMITS: Spending Limit/Month: \$15,000.00, Single Transaction: \$5,000.00 Increases to card limits may be requested by submitting a Higher Transaction & Monthly Limit Request Form to the PCE (Pcard Exception) Number: www.siue.edu/purchasing/forms/index.shtml?section=p-card-forms

DEPARTMENTAL CARD MANAGER/REVIEWER: (print or type) _____

SIUE Email Address: _____@siue.edu Work Phone: _____

I have read, understand and, hereby agree to comply with the terms and conditions of the [Departmental Card Manager \(Reviewer\) Agreement](#) (submit completed form with application).

Reviewer **Signature** _____ Date _____

APPROVER :(print or type) _____

SIUE Email Address: _____@siue.edu Work Phone: _____

I have read and understand and, hereby agree to comply with the terms and conditions of the [Approver Agreement](#) available at (submit completed form with application)

Approver **Signature** _____ Date _____

REQUIRED SIGNATURES

Fiscal Officer **Signature:** _____ Date: _____

Fiscal Officer: (print or type) _____

Email: _____@siue.edu Work Phone: _____

Department/Division Head (If different) **Signature:** _____ Date: _____

Department/Division Head (print or type) _____

Email: _____@siue.edu Work Phone: _____

Please mail completed form to Campus Box 1012 or via email to purchasing@siue.edu
All forms are available on www.siue.edu/purchasing