



Pcard Application

Completion of this form is acknowledging acceptance of the appropriate use of credit cards established for and issued to authorized Stockton University employees to conduct business of the University. In accepting the Stockton University credit card, you agree to the terms and limits placed on the use of the card and compliance with University Policies and Procedures.

Select the type of Pcard being requested:

Department Individual Chartwells

Name on Pcard: _____

All fields must be completed below:

Stockton Z# _____ Email Address: _____
Cardholder Cardholder

Phone number: _____

It is important to note the phone number associated with your Pcard as this information is required when contacting Bank of America and to activate or change your PIN.

Banner fopaf attached to card for allocations; can be modified prior to posted charges

Fund: _____ Org: _____ Prog: _____ Activity: _____ (if applicable) Locn: _____ (if applicable)
Account code to be determined by the expense

Single purchases are limited to \$3,500 per transaction.

Responsible Accountholder(s) for Reconciliation: _____
Name(s)

Signature of Cardholder or Responsible Cardholder for Dept. card: _____

Print Dean/Budget Unit Manager Name

Signature authorization of Dean/Budget Unit Manager

Print President or Cabinet member Name

Signature authorization of President or Cabinet Member

Instructions- Complete the form, read University Policy, Procedures and Credit Card Guidelines and obtain original signatures. Send completed approved form to Pcard@stockton.edu.