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| New P-Card Application |  |

Will this card be for a **Specific Individual** or for a  **Department**?

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| Name on Card: | Click here to enter text. | Employee ID: | Click here to enter text. |
| School/Department: | Click here to enter text. | Work Phone: | Click here to enter text. |
| Work Address: | Click here to enter text. | | |
| Cardholder Email: | Click here to enter text. | | |

**Requested Spending Limits**:

For Spending Limit options not listed, please contact the Program Administrator. Starting spending Limit options are:

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| --- | --- | --- | --- | --- |
| * Single Transaction: $1,000 / Billing Cycle Limit: $5,000 OR | | * Single Transaction: $5,000 / Billing Cycle Limit: $10,000 | | |
| Single Transaction Limit: | $Choose an item. | | Billing Cycle Limit: | $Choose an item. |

**Default Allocation Codes**:

The allocation codes can be changed in Works for each transaction, if necessary. The defaults should be the accounts where you think the majority of the purchases will be coded. At minimum, the Organization should be filled in. At this time, ONLY General Fund purchases are allowed on a P-Card. No School Activity Fund or Federally-funded purchases.

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| --- | --- | --- | --- | --- |
| Fund:  **100** | Function: Click here to enter text. | Organization: Click here to enter text. | Program: Click here to enter text. | Object: Click here to enter text. |

**Reconciler & Approver**:

The “Reconciler” is the person who initially allocates the transactions & uploads receipts in Works. This is usually the actual Cardholder. The “Approver” is the Director/Principal who is responsible for final review & approval of all transactions in Works. Both must complete mandatory training with the Program Administrator.

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| **Reconciler** Name: | Click here to enter text. | Employee ID: | Click here to enter text. |
| Email Address | Click here to enter text. | Work Phone: | Click here to enter text. |
| **Approver** Name: | Click here to enter text. | Employee ID: | Click here to enter text. |
| Email Address: | Click here to enter text. | Work Phone: | Click here to enter text. |

**Signatures**: I certify that the above information is correct and that the P-Card will only be used for work-related purchases that support the mission of Richmond Public Schools. I understand that any misuse or abuse may result in disciplinary action, up to and including termination of employment. I agree to notify the Program Administrator if the Account Holder transfers, retires, or resigns so that the card can be cancelled.

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| --- | --- | --- | --- |
| Account Holder: |  | Date: | Click here to enter a date. |
| Director/Principal: |  | Date: | Click here to enter a date. |
| Program Administrator: |  | Date: | Click here to enter a date. |

**Complete, sign, & return to the Program Administrator in Procurement & Property Management.**

For Program Administrator Use Only:

|  |  |  |  |
| --- | --- | --- | --- |
| Works | Card Master List | Maintenance Log | Scan to File |