



THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Purchasing Card (P-Card) Application ORGANIZATION

ORGANIZATION NAME _____ ORGANIZATION NUMBER _____
ORGANIZATION DEFAULT ACCOUNT (Must be UAB ledger 2 or 3 account. Cannot be VCS) _____

RESPONSIBLE CARDHOLDER INFORMATION

FIRST NAME: _____ LAST NAME: _____
EMPLOYEE ID: _____ BLAZER ID: _____
EMAIL ADDRESS: _____ CAMPUS PHONE: _____
CAMPUS MAILING ADDRESS: _____

Card Management Software (CMS) Proxy* (responsible for CMS card transactions)

First Name	Last Name	Blazer ID	Employee ID

*Minimum of one required

Card Management Software (CMS) Approver (responsible for approving CMS transactions)**

First Name	Last Name	Blazer ID	Employee ID

**Minimum of two required

Responsible Cardholder Name (Print) _____ Responsible Cardholder Signature _____ Date _____

VP/Dean/Director/Department Head Signature _____ Date _____

To be completed by P-Card Services

Name on Card _____ Card Number (Last 4) _____

Credit Limit	Single Transaction Limit	Velocity (Daily)	Velocity (Monthly)	Card Received

Training Completed: _____
P-Card Services Trainer Signature _____ Date _____

Card Ordered: _____ Card Received: _____ Card Issued: _____