University System of New Hampshire

Purchasing Card Application

Request For:

- ☐ New Card
- ☐ Permanent Change to Existing Card
- ☐ Reinstatement Post Suspension

Last 4 digits of card:

Requested Card Type:

- ☐ Individual Card (select only one below)
  - ☐ Standard
  - ☐ Standard Plus
  - ☐ Travel
  - ☐ Abroad
- ☐ Department Card (select only one below)
  - ☐ Standard
  - ☐ Standard Plus
  - ☐ Travel
  - ☐ Abroad

Cardholder Information

USNH Employee ID #

Full Legal Name

Optional 2nd Embossed Line (22-character limit, including spaces)

Preferred Email Address

Preferred Phone Number

Home or Campus Mailing Address may be used below:

Mailing Address Line 1

Mailing Address Line 2

City

State

Zip Code

PCard Requested Limits

Single Purchase Limit

Monthly Purchase Limit

Daily Transaction Limit

Monthly Transaction Limit

Description of card and intended uses. If a Department Card has been requested, include a list of Authorized Users.

By signing, I acknowledge, understand, and will abide by USNH Financial Services Polices and Procedures, including Purchasing Card (09), Travel (07), and Business Expenditures (08) and any other related polices.

Cardholder Signature | Printed Name/Title | Date

Cardholder Email

Direct Supervisor/Designee or PI: By signing, I acknowledge, understand, and will enforce the USNH Financial Services and Procedures, including Purchasing Card (09), Travel (07), and Business Expenditures (08) Policies and any other related policies.

Signature | Printed Name/Title | Date

Campus CFO (if applicable)

Signature | Printed Name/Title | Date

Submit signed application through a Source-to-Pay (S2P) Support Request

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For USNH Procurement Services Use Only

Date Training Scheduled: Date Training Completed:

Date PCard Order:

Date Card Information Recorded in Financial System:

Signature | Printed Name/Title | Date