



## Purchase Card Program Application

### Applicant Information

Name: \_\_\_\_\_  
First Middle Initial Last

Date of Birth: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Banner ID Number

Department Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address, Building / Room  
\_\_\_\_\_  
City, State, Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Approving Official (AO) Name: \_\_\_\_\_

### Program Role

Cardholder (CH)       Approving Official (AO)       Backup Reconciler

### Purchase Card MCC Group(s)

General       Travel       Food

### Approval Signatures

Cardholder: \_\_\_\_\_  
Signature Date

Department Head: \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

### OCP Use Only

User ID Created: \_\_\_\_\_ Card Ordered: \_\_\_\_\_