The College of Idaho Pcard Cardholder Enrollment Form

Cardholder Information			
Department Name:	_		
Employment Status (Check one): FT PT			
First Name	Middle Initial Last	Name	
riistivanie	Middle IIIIIai Last	Name	
Business Email Address	Business Phone	C of I Employee ID	
Reason for Pcard:			
Cardholder Defaults			
Card Spending Limits:		(defaults \$2,500/\$5,000)	
Single (Justification needed for increased sp	Transaction Limit Monthly Credit ending limits attach explanation)	Limit	
			_
Required Signatures			
Applicant:		Date:	
Direct Supervisor:		Date:	
Vice President:		Date:	
Business Office:		Date:	