

## Section 1: Applicant Information

Select Employment Type That is Applicable:

University Employee

Enterprises Employee

Bronco ID#

Cell Phone (optional)

Office Extension

Cardholder Name

First

Last

Email

@CPP.edu

Department/Division

Campus Mail Location

Building/Room Number

Reason for the Card *(Required)*

I agree to follow the Enterprises' policies and procedures and to sign the Cardholder Purchasing Card Agreement before receiving P-Card. Upon receiving the card, I understand I will be personally responsible for any abuse, misuse, or purchases of prohibited items. I also understand that failing to submit all required receipts and documents by the purchasing card policy deadlines may result in suspension or revocation of my card.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

## Section 2: Default Changes Request

Default Project(s) Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Project(s) authorized signer required*

*Project*

*Fund*

*Function*

*Division*

Group

\_\_\_\_\_  
*Assigned by CPPE P-Card Administrator*

Grants Project Number

Grant's Award Period

From

\* Alternative Project Number

To

\* Grants requires an alternative Campus Program account

Monthly Credit Limit Request

*\$5,000 Maximum*

Single Purchase Limit

*\$1,000 Maximum*

Cardholder Reconciler Name

*(If different than the cardholder)*

Email

## Section 3: Funding Certification

**Required for campus program projects & designated funds accounts**

I certify that the funding is available to substantiate this request

\_\_\_\_\_  
Campus Program Dept. Budget Analyst or Designee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Section 4: Approving Official

I hereby approve the request for the applicant named above and authorize the listed project accounts as the default fund. I guarantee timely monthly reconciliation of all statements. The approving official named in this document is confirmed as the administrator supervising the applicant, with delegated authority to certify that purchases made with an issued Enterprises card are appropriate.

\_\_\_\_\_  
Department Head/ Supervisor Approval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Division Head or Designee (2nd Approver)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

## Section 5: Card Authorization Approval

\_\_\_\_\_  
CPPE CEO/ CFO or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPPE CEO/OE&S or Designee Signature

\_\_\_\_\_  
Date

*For Grants Projects*