

Jenks Public Schools: P-Card Application & Change Form (to be completed by Department Head)

Please check one of the following: _____ New Application _____ Change to existing Card

Applicant Information

Applicant's Name _____ Title _____
Name Change to _____ Card # (for changes) _____
Department Name _____ Home Phone Number _____

Applicant's Signature _____ To be used for travel? Yes No

Purpose of the P-Card: (please check all that apply to this card application/change)

_____ Airlines and Other Transportation Services _____ Hotel/Motel
_____ Auto/Vehicle Rental _____ Retail or Website Sale
_____ Food _____ Telephone or Mail order
Requested monthly limit: \$ _____ Requested transaction limit: \$ _____

Submission Approval

Department Head Name _____ Signature _____ Date: _____
CFO or P-Card Admin. _____ Signature _____ Date: _____

Please forward this application to the Director of Purchasing for processing.

For P-Card Administrator to Complete

_____ Application is denied for the following reason: _____

_____ Application is approved.
Limits:
Maximum dollar limit per transaction \$ _____
Maximum transactions per day _____
Monthly cardholder dollar limit \$ _____

P-Card Administrator _____ Date _____

CFO Signature _____ Date _____

Copy: Card Applicant, Department Head,
CFO, Director of Accounting