

Purchase Card Application Form

ORGANIZATION & EMPLOYEE INFORMATION		
Cardholder Legal Name:	Banner ID:	Work Phone #:
Job Title:	Faculty/Department:	
Residential Address: Postal Code:		
PCard Coordinator Name:	PCard Coordinator Title:	•
I have attached a copy of my valid driver's license, passport or BC identification card for internal Financial Services verification use only. I acknowledge that the PCard is non-transferable. It can only be issued to make purchases related to my regular duties in connection with Kwantlen Polytechnic University. I understand that I cannot use the PCard for personal purchases, cash advances, alcohol purchases, or traffic and/or parking violation payments. I understand that I cannot use the PCard to pay for parking at KPU campuses or to purchase furniture, computer equipment, hardware, software or individual pieces of equipment over \$1,000. I will protect the PCard and its associated account number and password, and will not divulge the information to any other person (except a merchant with whom I am transacting on behalf of Kwantlen Polytechnic University and Financial Services). If my card is lost or stolen, I agree to immediately notify the credit card issuer (1-800-588-8065) and the KPU PCard Administrator (FAST.PCard@kpu.ca). I understand that this PCard is the property of the credit card issuer, assigned to me, on behalf of Kwantlen Polytechnic University and that in the event of wilful or negligent default of these obligations KPU shall take recovery action deemed appropriate and that is permitted by law. This could result in a) immediate and irrevocable forfeiture of the card; and/or b) disciplinary action. I agree to return this credit card upon request of the PCard Administrator, upon termination of employment, whether for retirement, voluntary separation, resignation, position transfer, dismissal, or leave of absence. I acknowledge that I may be requested to surrender the PCard for reasons not related to my own personal situation, such as reorganization or transfer. I understand that I required to obtain a copy of the cash register receipt or invoice for all transactions, attach it to the statement, and forward all approved documentation and original itemized receipts to Financial Services (atte		
My signature on this document indicates that I have read and understood the Purchase Card reference material, I agree to comply with the requirements listed above, and that I will not knowingly breach the guidelines and procedures set forth in the FM5 Policy and Procedures.		
Purpose of Application:	Applicant Signature: Date:	
CARD INFORMATION		
Default Org Code: Select Monthly Transaction Limit: \$1,000 Monthly Limit \$5,000 Monthly Limit \$2,500 Monthly Limit \$10,000 Monthly Limit	Transaction Limit: (The default transaction limit is \$1,000) •To request for a transaction limit waiver during Business Travel, please fill in the Travel Pre-Approval Request Form. •To request for a one-time transaction limit waiver for purposes other than Business Travel, please send your request to Director of Financial Operations.	
SIGNING APPROVAL		
Supervisor Name: Title: President, VP, (Exec.) Director, (Assoc.) Dean, Div. Bus. Manager	Signature: Date:	
FINANCIAL SERVICES USE ONLY Sand Number: Division Number:		
Card Number: Division Number:	Date	