



OKLAHOMA
PANHANDLE STATE
UNIVERSITY

OKLAHOMA PANHANDLE STATE UNIVERESITY

P-Card Request Form

Name of Employee to issue new card to: _____

Department _____

Department Account code(s) _____

Supervisor or Dean's Signature _____

Vice President Signature _____

Date of Request _____

MONTHLY LIMIT _____ DAILY LIMIT _____

EMAIL ADDRESS _____

OPSU TELEPHONE NUMBER__ (ext)_____

Return Completed Form to Director of Purchasing- SL 125-B

OFFICE USE ONLY

Signature of Purchasing Director _____

Date request was sent to Bank of America_ _____

Date new card received _____

Date Training was provided _____