



SOUTHERN CONNECTICUT STATE UNIVERSITY

Purchasing Card Application Form

Questions regarding the SCSU P-Card program may be directed to:

Robin Kenefick
 Email: kenefickr1@southernct.edu – Ext 2-5266

New Account

Change (only complete fields to be changed)

CARDHOLDER INFORMATION [PLEASE PRINT- ALL GRAYED AREAS TO BE COMPLETED BY APPLICANT]

Cardholder's Name [up to 24 characters]	Department	Work Phone Number 203.392. _____
	Social Security Number* [last 4 digits only]	Date of Birth (mm/dd/yyyy)
E-mail Address _____@southernct.edu	Cardholder's Home Address	
Country of Citizenship	Street:	Apt:
	City:	State: Zip:
Mother's Maiden Name or Password	Cardholder's Signature	Date

*This information is needed for identification purposes only and will not be reflected on personal credit history. Additional information required by JPMorganChase for security purposes and to comply with requirements of the federal government's Office of Foreign Asset Control (OFAC).

DEPARTMENTAL APPROVAL

Budget Authority Signature	Banner Org
	- _____ - Index

Supervisor's Signature (only required if you are both the cardholder and budget authority for your department)	Date
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REPORTING HIERARCHY CONTROLS [Please leave this section blank]

Cycle Spending Limit - \$ 10,000	Single Purchase Limit - \$1,500.00	Maximum Transactions/Day – 20	Max
Transactions/Cycle – 100	P-Card training complete:		