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|  | **CORPORATE PURCHASING PCARD APPLICATION FORM** |

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| **To:** | **Financial Reporting & Operations Director** |  **Date:** |             |
| **From:** |       |  **Dept/School:** |   |
| **Subject** | **Application for a MASTERCARD PCard** |
|  |
| Please submit this completed and signed form to the Finance Administration Manager, Bldg 110-2009  |
|  |
| **First Name:** |       | **Surname:** |       |
| **Role:** |  |
| **Justification** (refer to Unitec P Card Policy 1.3) |  |
| **Monthly Credit Limit:** | **$** | **Daily Limit:** | **$** | **Transaction Limit:** | **$** |
| **Employee ID:** |       | **Date of Birth:** |       |
| **Extension Number:** |       | **Mobile No:** |       |
| **Email Address:** |       |
| **Personal Home Address:** |       |
|  |
| The relevant delegated authority below must sign this form **before submitting** to the Finance Administration Manager |
|  |
| **Applicant** | **Name:** | **Signature:** | **Date:** |
| **Authorising Line Manager** | **Name:** | **Signature:** | **Date:** |
| **Unitec Operational Lead** | **Name:** | **Signature:** | **Date:** |
|  |
| **Financial Reporting & Operations Director** | **Name:** | **Signature:** | **Date:** |