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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 or the Assistant Accountant, 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 or the Assistant Accountant | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Applicant** | | | | **Name:** | | | **Signature:** | | | | **Date:** |
| **Authorising Line Manager/Cost Centre Manager** | | | | **Name:** | | | **Signature:** | | | | **Date:** |
| **Endorsed by Unitec Head of Finance** | | | | **Name:** | | | **Signature:** | | | | **Date:** |
| **Endorsed by Executive Director** | | | | **Name:** | | | **Signature:** | | | | **Date:** |
|  | | | | | | | | | | | |
| **Authorised by Financial Reporting & Operations Director** | | | | **Name:** | | | **Signature:** | | | | **Date:** |