



Procurement Card Request Form

Route Completed forms Attn: Purchasing CC-106

CHECK ONE : New Update Other _____

CARDHOLDER SECTION

Name: _____ Title: _____

Dept/Div: _____ Phone: _____ Email: _____

Types of Expected Purchases: Travel Material & Supplies Other: _____

ID Number: (OSU or LBCC X#) _____ Birth Date: _____

Standard authorized limits per month: \$5,000 total and per transaction of \$2,500. Please provide justification for additional limits:

Requesting lower single-transaction (STL) and monthly limits (CL), please mark: \$250/1,000__ \$500/1,500__ \$1,000/3,000__

Default FOAPAL

FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	LOCATION

Designate Proxy – **Required** (Proxy is a person who can process your statement in your absence)

Proxy Name: _____ Proxy Title: _____

Dept/Div : _____ Phone: _____ Email: _____

I, _____, hereby acknowledge that as a cardholder, I agree to comply with the terms and conditions of the purchase card agreement and follow College P-card Procedures. I agree to use this card for LBCC approved purchases and agree not to charge personal purchases. I understand that LBCC will review the use of this card and report any discrepancies. I further understand that improper use of this card may result in disciplinary action, up to and including termination of employment.

I understand that LBCC may terminate my right to use this card at any time for any reason. I agree to return this card to LBCC immediately upon request or upon termination of employment. Should I fail to use this card properly, I authorize LBCC to deduct from my salary an amount equal to the total of the discrepancy. I also agree to allow LBCC to collect any amounts owed by me even if LBCC no longer employs me.

Cardholder Signature

Date

APPROVAL SECTION

I, the approver, agree to monitor the card use, assure college purchasing policies are followed, & make approvals in a timely manner

Name: _____ Title: _____

Signature: _____ Phone: _____ Email: _____

_____ Dean/Director Name (If different than above)	_____ Signature	_____ Date
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_____ Director of Accounting & Budget Signature	_____ Date
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FOR OFFICE USE ONLY

Card # Issued / Date	By	Terminated / Date	By
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