

Application Form for Pcard or Works User Access

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Darcana	l Intorm	ation:
PPISUIIU	, ,,,,,,,,,,	
Persona	,	

First Name:		liddle Initial:	Last Name:			
Email Address: @langston.edu Position Title:			CWID: 9- Department Name:			
		Бериги				
Billing Information		·				
Business Address Line 1:			ss Address Line 2:			
Langston University		P.O. B	P.O. Box 608			
City: Langston	State:	OK Zip:	73050	Country: USA		
Business Phone: () -		Second	Secondary Business Phone: (405)744-8408			
Chart:		Fund:	Fund:			
Card Information and Control	's					
	yes, cardhold	der name:				
	•	ent name on c	card:			
Role(s) – Use checkboxes: Cardholder Approving Manager Accountant		Credit Limits (transaction/monthly): [select from drop down box] Provide justification for monthly credit limit over \$10,000:				
Signatures and Date:		N	Otes: [Administrative U	ise Only]		
Signature of Cardholder	Date					
Signature of Approving Manager	Date					
Signature of Accountant	Date					
Signature of Department Head	Date					
Signature of Fiscal Affairs	Date			-		
Signature of Pcard Administrator	Date					