

Application for Procurement Card Instructions

Cardholder Information

Cardholder Name – The individual who will be responsible for all purchases made on the card. This person must be an employee of USM. Please note: This is how your name will be displayed on your card.

Employee ID – Employee ID of the cardholder.

Email Address – Email address for the cardholder.

Department Information

Department Name – Name of the department for the cardholder.

Department Mailing Address – The United States Postal Service mailing address for the department.

Department Phone No. – Cardholder's phone number.

Default Budget – The main budget string (FUND, DEPT, PROGRAM, and/or PROJECT) associated with card.

Reconciler Name/Emplid – Name and Employee ID of the person who will actually upload the transactions into SOARFIN. This might be the cardholder in rare cases.

Email address – Email address of reconciler.

Text on Card – Cardholder Name will be displayed on the card unless otherwise noted here. You may also use this area to display your Department or College. Due to spacing and special character limitations, department and/or college names may be condensed.

SOARFIN BUDGET REPORT TRAINING – All cardholders must complete [SOARFIN Budget Report Training](#) with the Controller's Office before applying for p-card.

SOARFIN P-CARD RECONCILIATION TRAINING – All cardholders must complete [SOARFIN P-Card Reconciliation Training](#) before the p-card can be issued.

Other Information

Spending Limit – This is the total dollar limit for a billing period for a card. The limit set by the university is \$20,000.

Single Transaction – The single transaction amount of \$5,000

Daily Spending Limit – The total dollar limit for a 24 hour period.



APPLICATION FOR PROCUREMENT CARD

Cardholder Information

Cardholder Name: _____

Date of Birth: _____ Employee ID: _____

Email address: _____

Department Information

Department Name: _____

Department Mailing Address: _____

Department Phone No: _____

Default Budget : _____
(Main FUND, DEPT ID, PROGRAM, AND/OR PROJECT ASSOCIATED WITH CARD)

Proxy/Reconciler Name: _____
(The person uploading the transactions into SOARFIN. Might be cardholder in rare cases)

Proxy/Reconciler Emplid: _____

Text on Card: _____

- I have completed [SOARFIN Budget Report Training](#)
- I have completed [SOARFIN P-Card Reconciliation Training](#)
- I am also an approver (NOTE: Separate Proxy/Reconciler must be identified)

Other Information

Spending Limit:	\$ _____	(not to exceed \$20,000)
Single Transaction Limit:	\$ _____	(not to exceed \$5,000)
Daily Spending Limit:	\$ _____	(not to exceed \$10,000)

Cardholder Signature

Date

Budget Authority Signature

Budget Authority Name (print)

*Completed forms must be returned to: Procurement Card Administrator at Box 5003
or email to: pcard@usm.edu*

For Internal Use Only

Date Received:

Date Processed:

Issue Date:

Card Account No: