

(FORM & ORION TRAINING MUST BE COMPLETED PRIOR TO ATTENDING TRAINING)

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE

APPLICATION FOR PROCUREMENT CARD

PLEASE PRINT NEATLY

BUDGET NUMBER(QUAL1) []

DEPARTMENT NAME []

CARDHOLDER NAME []

CARDHOLDER LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER [XXX-XX-]

CARDHOLDER ADDRESS 1(work) []

ADDRESS 2(P.O.BOX) []

CITY STATE ZIP []

BUSINESS PHONE (904) - () HOME ()

EMAIL ADDRESS []

CREDIT LIMITS SINGLE ITEM \$999.99 SINGLE PURCHASE \$2,499.99

DAILY (OPTIONAL) \$ MONTHLY (REQUIRED) \$

TRANSACTION # LIMITS (MAX.# OF TRANSACTIONS PER) DAILY (OPTIONAL) MONTHLY (OPTIONAL)

SIGNED: APPLICANT PRINTED SIGNATURE *
SIGNED: BUDGET ADMINISTRATOR PRINTED SIGNATURE
SIGNED: SUPERVISOR BUDGET ADMIN PRINTED SIGNATURE
SIGNED: Das Printed Signature
SIGNED: CAMPUS PRESIDENT PRINTED Signature
Processed SIGNED: / /

* APPLICANTS WILL NOT BE ISSUED CARDS UNTIL THE CARDHOLDER HAS COMPLETED TRAINING REQUIRED(PASSED AN EXAM) AND HAS SIGNED THE CARDHOLDER AGREEMENT.

- 1) Name of employee who will be doing input into Orion? Print name
2) Has the employee imputing disbursement request (DR) into Orion been to Orion training and passed the exam? Yes No
3) Has the employee imputing the DR into Orion been to P-Card training? Yes No
4) Name of the crossed trained designated back-up to the person who will be imputing the DR into Orion? Print name
5) Has the Budget Administrator attended Budget Administrator P-Card training? Yes No

P-Cards will only be issued after questions 1 - 5 above have been answered with a positive response