CASE WESTERN RESERVE
UNIVERSITY

PCard And DCard Application

Complete Cardholder Information (Please Print)

_____   _____
Cardholder Name (as shown on file with HR)   Division / Department
Last Name, First Name

_____   _____   _____
EMPLID   Network ID   Building / Room/ Location Code

_____   _____
Default Speedtype (Must be an OPR)   Campus Telephone Number

Which card you are applying?   PCard (non-food)   DCard (food only under $500 on campus)

Select Credit Limits (PCard Only)

Check only one in each limit

Single Transaction Limit   **Monthly Limit**

$1,500 $3,000 $4,999 $5,000 $10,000 $20,000

Cardholder's Guidelines for Use and Compliance

Cardholders are responsible for following Procurement Card Policy:
https://case.edu/compliance/university-policies

_____   _____   _____
Cardholder Name (Print)   Cardholder Name (Signature)   Date

Note: Complete the following information if a Department Administrator or designee will be assisting in reconciling your account.

Department Administrator Name (Print)   Department Administrator Name (Signature)

_____   _____
Telephone Number   Email Address

Read and complete all signatures

As the Budget Director of the Management Center/Department, I agree to adhere to the required internal control structure and account reconciliation procedures as outlined in the Procurement Card policy.

_____   _____   _____
Approver (print)   Approver (Signature)   Date

_____   _____   _____
Budget Director (Print)   Budget Director (Signature)   Date

As Dean, Chairperson, or Vice President, I approve the issuance of the CWRU Procurement Card to this individual.

_____   _____   _____
Name (Print)   Name (Signature)   Date

Please print, scan and email completed Application to: pcard@case.edu