ILLINOIS TECH REQUEST FOR PROCUREMENT CARD

Application must be approved by the employee's manager and departmental budget manager. Please submit via email to **pcards-group@iit.edu**.

Cardholder Information/All of the following information is required

AXXXX __ __ __ __

_____

Cardholder Name

Last 4 digits of A# / CWID #

(__ __ __) __ __ __ - __ __ __ __

_____

Title and Department   IIT Phone Number   Date of Birth

_____

Street Address   Building & Room #   Campus   Mother's Maiden Name

_____

City   State   Zip Code   IIT Email Address

_____

Cardholder's Country of Citizenship

_____

Cardholder's Home Address: Street Address   City   State   Zip Code

FOP Number to Link to Card

FUND						ORGANIZATION				PROGRAM			

Detailed Justification for New PCard:

Please Identify the Monthly P-Card Reconciliation Approver Here

Budget Manager Name (please print)_____

Required Approval Signatures for this Application

Applicant's Name_____ Signature _____Date_____
                      (please print)

Employee's Manager/Designee_____ Signature _____Date_____
                      (please print)

Do not write below this line (to be completed by the Controller's Office)

CREDITS

Monthly Limit $_____

MCC Groups - Single Transaction Limits:
GENERAL $_____   TRAVEL $_____

FOP ACCOUNT

GRANT ACCOUNT

☐Yes   Expiration Date _____

☐No   Budget Available $_____

Controller's Office Approval

Approved by: (Please Print)   Signature   Date