



P-Card Application/Agreement Form

Name exactly as it should appear on card:

First: Middle: Last:

Address: 2800 University Blvd. North Jacksonville, FL 32211

Email: Phone: Fax:

Department: Manager's Name:

Employee ID# (9 digits, include leadin J zeroes):

Cardholder Reporting Unit(s):

P-Card Limit: \$

Permanent Decrease from Existing P-Card Holder (Name and Amount)*:

*Please state I U R P. Please account the money allotted to the new card holder R U L J L Q D W H V D Q G W K H O D P A X O W. This does Permanent Decrease Form.

I have received a copy of the P-Card Manual including the Code of Conduct and \$ F N Q R Z O H G R H Q W and agree to adhere to these policies and procedures as outlined. I understand that noncompliance with these policies and procedures may