



The Southern Baptist Theological Seminary

Card Type Requested

_____ Departmental

_____ Travel

Application for P-Card

Cardholder Information

Cardholder Name _____
(First, MI, last)

Department Information

Department Name _____

Department Mailing Address _____

Departmental Card Administrator Name _____
(First, MI, last)

Business Phone No. _____
(Departmental Card Administrator)

E-mail Address _____
(Departmental Card Administrator)

Default Account No. _____

****NOTE:** By signing below, you authorize SBTS Accounts Payable to charge this default account for 1) all unallocated transactions remaining after the monthly allocation deadline, and 2) all transactions incorrectly allocated to non-existent accounts. Please note that should this default account be used, your department will then be responsible for creating journal entries to correctly apply these transactions to the appropriate account(s).

Requested Spending Limits

_____ Single Transaction (Default \$2,500) _____ Monthly (Default \$10,000)

Restrictions

Please designate the desired spending limits for your card based on likely activity. Be conservative and select the lowest limits possible to reduce financial risk to the Seminary. If you do not designate specific spending limits then the default limits will automatically apply. Note: The Seminary reserves the right to approve or adjust spending limits at its discretion.

I understand that I am required to complete a training course and test prior to receiving my P-Card.

Signatures

Cardholder _____ Date _____

Administrator _____ Date _____

Internal Use Only

Date Received _____

Approved/Declined _____

Reason for Decline _____

Approved Spending Limits _____ Single Transaction _____ Monthly Limit

Date Issued _____

Card Account Number _____

Expiration Date _____