WESLEYAN UNIVERSITY

COMMERCIAL PCARD APPLICATION

Select One: ☐ New Card   ☐ Change to Existing Card

*denotes required field

1   APPLICANT INFORMATION

_____ ____ _____
Full First Name*   M.I. Last Name*

_____ _____
Date of Birth* (MM/DD/YYYY)   Country of Citizenship*

_____
WESID*

2   CARD INFORMATION

_____
Name as it will appear on Card* (21 character limit)

3   HOME ADDRESS

_____
Street Address – no P.O. Box*

_____
Street Address Line 2 – if applicable*

_____
City*

Select a State
_____ _____ _____
State*   Zip Code*   Country*

4   BUSINESS ADDRESS

_____
Department Name*

_____
Street Address*

Middletown
_____
City*

CT   06459   USA
_____ _____ _____
State*   Zip Code*   Country*

5   CONTACT INFORMATION

(860) 685-_____   _____
Campus Phone*   Alternate Phone*

@wesleyan.edu
_____
Business Email Address

6   ACCOUNT FEATURES

$ 2,500 $ 1,000
_____   _____
Monthly Spend Limit   Single Purchase Limit
($2,500 default)   ($1,000 default)

Cash Advance: ☐ Yes ☐ No _____
                             Cash Advance Limit ($500 Max)

_____   _____
Default SmartKey   Proxy (Designed Reconciler if applicable)

7   APCARD APPROVALS

_____ _____ _____
Supervisor (Print Name) Supervisor Signature Date

_____ _____ _____
Cabinet/Fiscal Manager (Print Name) Cabinet/Fiscal Manager Signature Date

8   EMPLOYEE ACKNOWLEDGEMENT

By submitting this request for PCard issuance, the cardholder certifies that (1) the information on this application is accurate to the best of his/her knowledge and (2) he/she has consented to issuance of a card in his/her name.

_____ _____
Cardholder Signature   Date

Complete this application online, obtain signatures and send completed form to aphelp@wesleyan.edu. Application processing time is about ten (10) business days from receipt of completed application.

Applicants are required to read the University's PCard Policy prior to receipt of the card.