

COMMERICAL 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* _____

3 HOME ADDRESS

Street Address - no P.O. Box* _____

Street Address Line 2 - if applicable* _____

City* _____

State* _____ Zip Code* _____ Country* _____

5 CONTACT INFORMATION

(860) 685- _____ Campus Phone* _____

_____ Alternate Phone* _____

_____ @wesleyan.edu _____

Business Email Address _____

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, then save and print it. Obtain signatures and send completed form to Tami Sabo, Financial Services Office, 287 High Street. Application processing time is about ten (10) business days from receipt of completed application.

Applicant will be notified when the card arrives at the Finance Office. Applicants are required to read the University's [PCard Policy](#) prior to receipt of the card. Contact Tami Sabo, Program Administrator at x2958 or pcard@wesleyan.edu with any questions regarding the PCard Program.