



University of Toledo  
Accounts Payable  
Department  
2801 W Bancroft – MS 451  
Toledo OH 43606

## P-Card Sharing Request Form

Reason for P-Card Sharing Consideration (type below)

### Purchasing Card Conditions

- The cardholder agrees and acknowledges that they are directly responsible for the proper use of the card in accordance with established guidelines.
- The Cardholder ensures that users know the proper use and responsibilities when using the P-Card and read and sign the P-Card Sharing Request form.
- The Cardholder agrees to follow specific compliance procedures that include maintaining a tracking log of use of the P-Card and receiving of receipts that is available for auditing.

**Signature of Cardholder:** \_\_\_\_\_

**Cardholder to complete below**

Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Social Security number or alternate 9 digit number (xxx-xx-xxxx): \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

**Supervisor/Reporting Authority must complete the below and forward to A/P – MS 451**

\*\*Please note the limits should be set at a lesser amount, for liability purpose, if this request is for an additional card for a current card holder. \*\*

Print Supervisor's Name: \_\_\_\_\_ Business phone number: \_\_\_\_\_

Single transaction limit \$ \_\_\_\_\_ Monthly transaction limit \$ \_\_\_\_\_

Default Departmental Index # \_\_\_\_\_ Department Name \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_