



Board of County Commissioners Purchasing Division

PURCHASING CARD APPLICATION Bank of America Works Program

Check (1): _____ P-Card Request (#1 & #2) Date Requested: _____
_____ Works User Only Request (admin, audit, reviewer) (#3)

Applicant's Name: _____
(Please Print Payroll Name)

Title: _____ Department: _____

Work Phone: _____ Email: _____

Immediate Supervisor: _____ (responsible for signing monthly reports)

1. Will the applicant be allocating their transactions in BoA Works? _____ Yes** _____ No*
(Responsible for entering budget account, description and public purpose in the Bank of America Works Program)

***If no, please assign someone who will allocate/review for this cardholder in your department:**

_____ (aka Department Card Coordinator)

****If yes, will the applicant be allocating other cardholders/departments? Please list:**

2. Select one (1) of the following spending profiles: (monthly card limit)

ALL monthly limits will have a **\$3,500 single transaction limit.**

_____ \$5,000 monthly	_____ \$30,000 monthly
_____ \$10,000 monthly	_____ \$50,000 monthly
_____ \$20,000 monthly	_____ \$75,000 monthly

3. User Only Request; List cardholders and/or departments user will review and/or allocate (training provided at the request of user):

X _____
Department Director Approval Signature

Date

Purchasing Office Only:	
I give permission to the P-Card Administrator to order a new card for applicant above and to provide P-Card training.	
_____	_____
Purchasing Manager or Designee	Date