



Denton County

PCard Authorization Form

Applicant/Cardholder Name: _____

Department: _____

Phone number associated to PCard: _____

(Please indicate type of phone number above: county cell, personal cell or desk)

CARDHOLDER ELIGIBILITY

Criteria to receive a Procurement Card (PCard) are as follows:

- Applicant must be an employee of Denton County with a defined need to make purchases within the parameters of the policy.
- Applicant's request for a PCard must be approved by his/her Department Head or Elected Official and the Administrator. Dept. Head or Elected Official will determine Cardholder Limit.

Cardholder Limit Requested: Please check one

- ☐ Level 1 - \$500/single purchase and \$2,000/month
- ☐ Level 2 - \$1,000/single purchase and \$3,000/month
- ☐ Level 3 - \$5,000/single purchase and \$5,000/month (recommended)
- ☐ Level 4 – Other monthly \$_____ single cannot be more than \$5000

Policy 061 C.3.d. – Special Circumstances (mark level 4 & indicate monthly limit amount)

- ☐ Extradition
- ☐ Transport
- ☐ Mental Health Transport

Explanation of Intended Use: (Please indicate if this is a Permanent Increase Request)

I have read the policy and confirm my requirements for issuance of a PCard are within the limits of the PCard Policy. I further understand I am required to attend training, and I must sign a Cardholder Agreement before I am issued a PCard.

Cardholder Signature: _____ Date: _____

Elected Official/Department Head Signature: _____ Date: _____

PCard Administrator Signature: _____ Date: _____

For Purchasing Dept. Use Only

Date Application Rec'd:	_____	Date Card Ordered:	_____
Date Training Email Sent:	_____	Date Card Issued to Cardholder:	_____
Date Training Completed:	_____	Card # on File: (last 6 digits)	_____