**Thompson Rivers University BMO MasterCard – Employee P-Card Request Form**

**SECTION A – ORGANIZATION & EMPLOYEE INFORMATION**

Default Card Standard Spend Limit:

🞏 $10,000 Monthly Limit

🞏 $1,500 Single per Transaction

🞏 Open for Travel

Card Type (check one)

🞏 New Purchasing Card

🞏 Amend Existing Card (Last 4 #’s of P-Card \_\_\_\_\_\_\_)

🞏 Cancel Existing Card

Default Budget Codes:

Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Org: \_\_\_\_\_\_\_\_\_\_\_\_\_

Given Name, Initial, Surname (MAXIMUM 21 characters including spaces)

| | | | | | | | | | | | | | | | | | | | | |

Employee’s Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s TRU E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Requester signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B – STANDARD APPROVAL AUTHORITY**

**Departmental Approval:**

Approver signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmental/Faculty approver must be one up approval from the requested card holder and have budgetary authorization on the default code budget detailed above.

Dean / Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purchasing Approval:**

Procurement Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Permanent

🞏 Temporary

 Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C – REQUEST FOR VARIATION FROM STANDARD SPENDING LIMITS**

REQUESTED MONTHLY SPEND LIMIT $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTED SINGLE TRANSACTION LIMIT $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUSTIFICATION FOR SPEND INCREASE OR CHANGE TO EXISTING CARD ABOVE THE DEFAULT SPEND LIMITS SHOWN IN SECTION ‘A’. ATTACH JUSTIFICATION SHEET IF MORE ROOM IS REQUIRED.

AVP, FINANCE APPROVAL: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Dated: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send original and signed application form to Purchasing. Once your card has arrived you will be contacted by Purchasing to arrange pickup & orientation training.

Susanne Cross Local 5757 scross@tru.ca

Robert Munro Local 5299 rmunro@tru.ca