

**Samford University
Regions PCARD Set-up and Maintenance Form**

Department _____

Type of Request: New Card _____ Cancel Card _____ Lost/Stolen Card _____

Cardholder Information:

Name _____

Cardholder Banner Id number _____

Department name _____

Index code _____

Business phone _____

Controls and Spending Limits:

Retail (\$500 per transaction, 3 transactions per day, \$2,000 aggregate per month)

Travel (\$8,000 aggregate per month)

Travel feature allowed (please circle one): Yes No

Budget Administrator Signature _____

Budget Administrator E-mail _____

Cardholder Signature _____

Cardholder E-mail _____

Please return completed form to:

Purchasing Office
Room 301 Samford Hall
jbmyers@samford.edu
tsun@samford.edu