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| **State Of Connecticut P-Card cardholder information Form – Version 7/2015** | **Employee Name:** |
| **Used by Agency Coordinators to request a P-Card for an employee** |
| **Cardholder Information** |
|  | Employee ID Number |  |
| Prefix | First Name | MI | Last Name | Suffix |
| Agency Name |
| work Address Line 1 |
| work Address Line 2 |
| home address ([ ]  address is protected under CGS 1-217 and will not be disclosed – please leave blank) |
| country of citizenship  |
| City  | StateCT | Zip Code | Email Address |
| Work Phone Number  | Ext. | Fax Number |
| Date of Birth  | Security Question – Check One[ ]  Mother's Maiden Name [ ]  Password | Answer to Security Question |
| Coordinator Only: Card Type | Cycle Purchase Limit | Single Purchase Limit | Trans Per Cycle | Trans Per Day |  |

**State of Connecticut Purchasing Card Acknowledgement Form**

Full Name of Cardholder:

Employee ID Number: Last 4-digits of P-Card: Agency Code:

The cardholder identified above:

* is in receipt of all applicable training materials and agrees to use the card in accordance with the work rules outlined in these materials and as presented in the mandatory training session.
* has signed a State of Connecticut Credit Card Use Policy form and it is in their personnel file.
* is in receipt of one (1) State of Connecticut Purchasing Card credit card.

Agency Coordinator Signature Date

I acknowledge receipt of one (1) State of Connecticut Purchasing Card and receipt of all applicable training materials and agree to use the card in accordance with the work rules outlined in these materials and as presented in the mandatory training session.

Cardholder Signature Date