

STATE OF CONNECTICUT P-CARD CARDHOLDER INFORMATION FORM – Version 7/2015					
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 ( <input type="checkbox"/> address is protected under CGS 1-217 and will not be disclosed – please leave blank)					
COUNTRY OF CITIZENSHIP					
CITY		STATE CT	ZIP CODE	EMAIL ADDRESS	
WORK PHONE NUMBER			Ext.	FAX NUMBER	
DATE OF BIRTH	SECURITY QUESTION – CHECK ONE <input type="checkbox"/> Mother's Maiden Name <input type="checkbox"/> Password			ANSWER TO SECURITY QUESTION	
<b>COORDINATOR ONLY: Card Type</b>	<b>Cycle Purchase Limit</b>	<b>Single Purchase Limit</b>	<b>Trans Per Cycle</b>	<b>Trans Per Day</b>	

EMPLOYEE NAME:

## 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