



ROUTING:
 pcard@cnm.edu
 TEL: 505-224-4446

Request for Procurement Card Change Request (Check One)

Applicant Name:	CNM EMP ID:
Department:	
Title:	
CNM Phone:	
Campus:	
ORG Code:	
Division:	
Banner ID:	
CNM Email:	

Section 1: Access Verification Check box of completed training.

Procurement Training Date completed _____

Travel Coordinator Training Date completed _____
 (Talent Management - Travel Coordinator Part 1 & 2 Policy)

Section 2: Allocation Profile – Required: List the full Cost Account to create the allocation profile. The allocation profile must be supplied to be scheduled for P-Card Training.

Add/Remove	Fund	Organization	Account	Program	Description

Section 3: Card Limits 2.1 of P-Card policy not to exceed \$3K per transaction and any single transaction over 3K requires CNM Purchasing pre-approval.

Check One Box

- Admin/Facilities/Culinary** (Goods & Services) Monthly Limit \$5,000.00, Single Transaction Limit \$3,000.00
- Travel Coordinators** (Goods, Services, Hotel & Airfare) Monthly \$10,000.00, Single Transaction Limit \$5,000.00
- Increase Monthly Limit \$5K** **Increase Monthly Limit \$10K**

Section 4 Signature Authorization: We the undersigned request the above individual be issued a P-Card based on the above information. We have read the Cardholder Agreement and agree to all the terms and conditions stated therein. CNM Departments are ultimately responsible and accountable for all the activity that occurs on their P-Card.

Applicant Signature _____

Control Agent Signature _____

Immediate Supervisor (if not CA) Signature _____