

## **PCard Pick-up Authorization Form**

## Instructions

- Complete this form in its entirety (one form per card).
- Call the PCard Office to schedule pick-up at 292-9290 (2070 Blankenship Hall, 901 Woody Hayes Dr.)
- The Card Manager, Cardholder, Senior Fiscal Officer or appointed designee, must present this completed form and BuckID at time of card pick-up.

Card Manager / Card	dholder Info	ormation				
Name (please print):						
Employee ID #:						
Campus Phone #	( )	-				
Email Address:						
Salast and (1) antiqu	21					
Select one (1) option	1.					
Option 1:						
☐ I, the Card Mana	ger / Holder	, will pick ι	ıp the card fro	m PCard Program (	Office	
Card Manager / Holde	x				Date	
Option 2:						
☐ The Senior Fisca				II pick up the card for the card to the C		
Senior Fiscal Officer N (Please print)						
Senior Fiscal Officer Signature		X				Date
Option 3:						
	er / Holder or	Senior Fisc	cal Officer acce	half from the PCard pts full responsibility		
Card Manager / Holder or Senior Fiscal Officer Signature (Required for Designee Authorization)		x				Date
Designee Name* (Please print)						
Designee Signature		х				Date
For Office Use Only						
Last 4 Digits of Card:	ts of Card:		ck-up Date:		Admin. Initials:	
Embossed Name:	1		Coll	ege/V.P. Area		