



SWTJC Travel P-card Application

Applicant Information

Applicant Name (as it appears on your Drivers' License):

First

MI

Last

Colleague ID#

Division/Department Name and default

Glacct (ex:

Purchasing 12-

500051-5112-01:

Department Name

Glacct #

By signing below, I attest to reading and understanding the Travel and Travel P-card policies.

Applicant Signature

Date

Supervisor/Division Chair Signature

Date

Assoc VP Signature

Date

VP Signature

Date

PLEASE RETURN FORM TO P-CARD ADMINISTRATOR IN THE BUSINESS OFFICE