



### Purchase Card Application Form

Instructions: Complete form and obtain original signatures. Turn into Accounts Payable (accountspayable@triton.uog.edu) for processing.

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I am filling out this form as a:

- New Department Cardholder
- Department Liaison/Reconciler Addition
- Department Liaison/Reconciler Change (Name of Dept. Liaison being removed: \_\_\_\_\_)

Department/Unit Name: \_\_\_\_\_

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I attest that I understand and will perform the duties of a P-Card Holder/ Department Liaison/Reconciler for the University of Guam as described in the UOG P-card Policy and Standard Operating Procedures. I further attest that I will assure that those assigned within my department/unit understands and performs the appropriate P-Card duties.

Cardholder Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: 303 University Drive, UOG Station, Mangilao, Guam 96913

Department Liaison/Reconciler Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Purchase Card Holder Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Liaison/Reconciler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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As Department/Unit Head or Designee, I will require adherence to the UOG Purchase Card Policy and Standard Operating Procedures by all cardholders/liaisons/reconcilers in my department/unit, and will support the Department Reconciler in monitoring transactions for compliance including reporting improper use of the card to me, and will deal swiftly and effectively with any of my employees who misuse the card.

Department/Unit Head Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Unit Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_