NC DEPARTMENT OF PUBLIC SAFETY

Procurement Card Enrollment

Cardholder's Name ***(To be printed on Procurement Card. Limited to 24 characters; no punctuation permitted.)***

Job Title _____ Position # _____

Location Name: _____ Loc/Admin#: _____

Physical Address: _____

Mailing Address: _____

Location Phone/E-Mail

Phone _____ Ext. _____

E-Mail _____

Standard Limit $500 - $2,500

Single Transaction Limit _____ **Monthly Transaction Limit** _____ **Reconciler:** _____

Company/Acct/Fund/Center _____

Authorization

1. Authorized to Request Procurement Card ***(Supervisor, Plant Manager, Director or designee)***

_____ *(Printed /typed name)* _____ *(Signature)* _____ *(Date)*

Job Title _____

2. Authorized to Approve Request *(Division Director or designee if required)* **** Check with your Division***

_____ *(Printed /typed name)* _____ *(Signature)* _____ *(Date)*

Job Title _____ Phone: _____

For Department Card Administrator Use Only

Authorized Dollar Limits

Transaction _____ **Monthly** _____

_____ *DPS Budget Office (when required)* _____ *(Department Card Administrator's Signature)* _____ *(Date)*

Card Ordered: _____ NCAS Setup: _____ Card Mailed: _____

Send all forms to: **Purchasing & Logisitics**
3030 Hammond Business Place
Mail Service Center 4227
Raleigh, NC 27699-4227
E-Mail: PLSupport@ncdps.gov

Print Form