

PCard Application

This form must be completed for each individual applying for a PCard. Please read the PCard Regulation and Procedures prior to submitting this request. Print this form and fill in the appropriate information. This form must be signed by the applicant and authorized by the Fund Financial Manager/Principal Investigator (FFM/PI) of the Default FOAPAL quoted below. If you are the FFM/PI, please have the form signed by your immediate supervisor. Once the form is completed, scan it to pcardadministration@mcgill.ca. If approved, the applicant will be required to complete the PCard Questionnaire.

Applicant Information:

McGill ID Number: _____

Last Name/First Name/Prefix: _____

Position Title: _____ Telephone Number: _____ Fax Number: _____

Department Name: _____ Building Name: _____

Department Civic Address: _____ Room No: _____

Email: _____

Charges will default to this FOAPAL if they are not approved on the McGill On-line PCard system (MOPS) after the established deadlines. **Tri-Agency funds cannot be used as default funds. PCard applications will be sent to the Provost' Office if the default fund is an Internal Chair Award** such as James McGill Professorship Awards, William Dawson Scholarship Awards and Distinguished James McGill Professorships.

Fund	Organization	Account	Program	Activity	Location
		700490			

Purchase Limit: \$2,500 CDN/Transaction

Monthly Limit: \$15,000 CDN/Month or less if requested: \$_____ CDN/Month

Applicant's Signature:

Date:

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To be completed by FFM/PI or their immediate supervisor (Please indicate one):

☐ The applicant will be responsible for reconciling their PCard transactions on MOPS.

☐ I authorize the following Employee to be set-up as a Departmental Pcard Reconciler to reconcile PCard transactions on MOPS on behalf of the Cardholder.

Last Name:

First Name:

McGill ID Number

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My signature indicates that I am the FFM/PI for this FOAPAL or am the FFM/PI's immediate supervisor and I authorize the Employee indicated on this form to use the PCard according to the PCard Regulations and Procedures Granting Agency guidelines (if applicable).

FFM/PI or Supervisor Name (please print)

FFM/PI or Supervisor Signature:

McGill ID No.

Date:

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For Financial Services use only

Date:

Fund Administrator Approval:

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Date:

Financial Services Approval:

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