



TCNJ VISA CARD APPLICATION FORM

Cardholder Information

Cardholder Name: [ ] Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Department Name: [ ] TCNJ Employee ID: [ ] Campus Ext: [ ]
Campus Address (Bldg & Room #): [ ] Email Address: [ ]
Name on Card (if different from Department Name): [ ]

TCNJ Visa Card Type:
[ ] TCNJ Goods & Services only
[ ] TCNJ Business Travel
[ ] TCNJ Fleet Vehicle
Credit Limit: [ ]
Replacing Existing Department P-Card?
Previous Cardholder: [ ]
Last 4 Digits: [ ]

Reconciler Information

Reconciler Name: [ ] Reconciler Signature: \_\_\_\_\_ Date: \_\_\_\_\_
TCNJ Employee ID: [ ] Email Address: [ ]

To Be Completed by Budget Manager

Budget Manager Name: [ ] Budget Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Budget Manager's Title [ ] Budget Manager's Campus Ext: [ ]

Budget Chartfields (Required Entry)

FUND CLASS DEPT PROGRAM ACCOUNT
[ ] [ ] [ ] [ ] [ ]

For Office of the Treasure Use Only

Treasurer or Designee \_\_\_\_\_ Date \_\_\_\_\_

The Office of the Treasurer reserves the right to deny the request for a TCNJ Visa Card to any individual.
Questions on filling out this form? Contact Devon Manfredo 609-771-3017