



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 (required):

- ☐ 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/Department Head

Budget Manager Name:

Budget Manager Signature

Date

Department Head Name:

Department Head Signature

Date

Budget COA Values (Required Entry)

ACCOUNT FUND ORGANIZATION CATEGORY PROGRAM ACTIVITY LOCATION

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: dibella@tcnj.edu