



## Internal P-Card Application Form

### Arizona Western College

#### 1. Applicant Section (\*Indicates Required Field)

Legal First Name\*

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Legal Last Name\*

Name as it will appear on card\* (max 21 characters including spaces)

AWC Employee ID\*

AWC Net ID\*

Date of Birth\*

#### 2. Home Address- Physical (\*Indicates Required Field)

Street Address (No PO Box)\*

City, State & Zip Code\*

Work Phone Number\*

Cell Phone Number\*

#### 3. Department Section (\*Indicates Required Field)

Department\*

Department Budget Code\*

Position Title\*

Supervisor Printed Name\*

(P-Cards\* Your supervisor will be your approver for your statement report)

#### 4. P-Card Type

Purchasing  
Travel

Club

Club Name:

(A minimum of \$500 in club account is required)

#### Arizona Western College P-Card Agreement Acknowledgement

You are being entrusted with an Arizona Western College Purchasing Card (P-Card), issued by JP Morgan Chase Bank. This card is provided to facilitate the procurement of goods, services, or for use with **approved AWC travel**. The card is **not an entitlement**, nor is it reflective of your title or position. It may be revoked at any time without notice.

By signing below, you acknowledge that you have read, understand, and agree to comply with the following terms:

##### 1. Responsible Use

I understand that I am making financial commitments on behalf of AWC and will strive to obtain the best value. I will comply with the **Purchasing, Travel, and P-Card Manuals**.

2. **Policy Compliance**

I have read and will adhere to all **P-Card Policies and Procedures**. Failure to do so may be considered misappropriation of AWC funds and could result in card revocation or disciplinary action, up to and including termination of employment.

3. **No Personal Use**

I will not use the P-Card for personal purchases, for myself or others. Personal use of the card may result in corrective action, including termination.

4. **Reimbursement of Unauthorized Charges**

If I use the P-Card for unauthorized purposes, I agree to reimburse AWC for all charges and any associated collection fees.

5. **Budget Responsibility**

I acknowledge that it is my responsibility to ensure that sufficient budget funds are available prior to making any purchases with the P-Card. I will verify budget availability in accordance with Arizona Western College's financial policies and procedures before initiating any transaction.

6. **Card Ownership and Use**

The P-Card is issued in my name. I will not share the card with anyone. I accept responsibility for all charges made using the card.

7. **Internal Controls**

As College property, the card is subject to internal controls. I may be required to present the card for verification and security checks.

8. **Lost or Stolen Cards**

If my card is lost or stolen, I will immediately notify JP Morgan Chase at 1-800-316-6056, and inform the AWC P-Card Program Administrator.

9. **Statement Reconciliation**

A monthly statement will be available at the beginning of each month for the cycle period. I am responsible for reconciling all charges and submitting the reconciled statement—including itemized receipts—to my **Approver by the 5th of each month**. I will ensure that all transactions are accurately reflected within the appropriate cycle period. Any discrepancies will be addressed promptly by first contacting the supplier and, if necessary, JP Morgan Chase Bank.

10. **Card Return Upon Separation**

I will surrender the P-Card immediately upon ending my employment with AWC, whether due to retirement, resignation, or termination.

11. **Travel Restrictions**

I understand that Travel P-Cards are for approved travel expenses only, and Purchasing P-Cards may not be used for travel-related expenses.

12. **Eligibility Criteria**

I confirm that I am a full-time, year-round staff member at Arizona Western College and that I am directly involved in activities that require the use of a Purchasing Card, Travel Card, and/or Club Card. I acknowledge that I am responsible for managing a budget and have access to the necessary funds to support these activities.

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Applicant Name (Print)

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Applicant Signature & Date

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Supervisor Name (Print)

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Supervisor Signature & Date

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Cabinet Member Name (Print)

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Cabinet Member Signature & Date

*Submit the completed form for VP of Finance review and approval via email to [VPforFinanceSignature@azwestern.edu](mailto:VPforFinanceSignature@azwestern.edu)*

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VP of Finance Signature Approval & Date