



**DURHAM TECH**

## P-CARD REQUEST FORM

Date: \_\_\_\_\_

NAME:

\_\_\_\_\_

DEPARTMENT:

\_\_\_\_\_

CARD LIMIT:

\_\_\_\_\_

EMPLOYEE ID:

\_\_\_\_\_

VP APPROVAL:

\_\_\_\_\_

Please email your completed form (with VP Approval) to [pcard@durhamtech.edu](mailto:pcard@durhamtech.edu) for processing.