

**WSU Business Procurement Card (BPC) Application (Return to Campus Box 12)**

Applicant must be an employee of the State of Kansas in a non-probationary status.

\_\_\_\_\_  
Applicant Name (as listed in Banner)

\_\_\_\_\_  
myWSU ID

\_\_\_\_\_  
WSU Email Address

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Off Campus Office Location

\_\_\_\_\_  
Box #

\_\_\_\_\_  
Last 4 digits of SSN

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Building

\_\_\_\_\_  
Room No.

\_\_\_\_\_  
Supervisor Name & Title (unless applicant is Budget Officer)

\_\_\_\_\_  
Supervisor's Phone Number

\_\_\_\_\_  
Departmental Account Custodian (signature)  
(if applicable)

\_\_\_\_\_  
Departmental Account Custodian (print name) myWSU ID

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**To be completed by Budget Officer: Type of Account Requested**

*Visa Procurement Account*

☐ **Carded-assigned to one person**

☐ **Cardless Option -Contract**

*Visa Departmental Account*

☐ **Carded – Account Custodian Assigned**

☐ **Cardless – Account Custodian Assigned**

**Credit Limit to be Assigned**

☐ \$5K   ☐ \$10K   ☐ \$25K   ☐ \$50K (select one)   or assign one not listed here \$ \_\_\_\_\_

\_\_\_\_\_  
Banner Default Fund #

\_\_\_\_\_  
Banner Default Org #

\_\_\_\_\_  
Print Name-Budget Officer

\_\_\_\_\_  
Signature-Budget Officer

\_\_\_\_\_  
Date

**Required For Grant Funding ONLY:**

\_\_\_\_\_  
Print Name-Budget Review Officer

\_\_\_\_\_  
Signature-Budget Review Officer

\_\_\_\_\_  
Date

**For Internal Use Only**

\_\_\_\_\_  
Agency BPC Administrator

\_\_\_\_\_  
Agency BPC Coordinator

\_\_\_\_\_  
Date

Strategy Assigned \_\_\_\_\_ Date attended Training: \_\_\_\_\_

Additional Comments \_\_\_\_\_