

**CITY OF FOREST PARK**

**PURCHASING CARD (P-CARD) APPLICATION FORM**

---

**SECTION 1: APPLICANT INFORMATION**

- **Full Name:** \_\_\_\_\_
  - **Date of Birth (DOB):** \_\_\_\_\_
  - **Social Security Number:** \_\_\_\_\_
  - **Home Address:** \_\_\_\_\_  
(Street, City, State, Zip Code)
  - **Work Email:** \_\_\_\_\_
  - **Personal Email:** \_\_\_\_\_
- 

**SECTION 2: REQUIRED DOCUMENTATION**

Please attach a copy of your Driver's License.

Attached

---

**SECTION 3: AUTHORIZATION**

By signing below, I acknowledge that I have read and agree to abide by all the policies and procedures related to the use of the City of Forest Park Purchasing Card. I understand that any misuse or fraudulent use of the card will result in disciplinary action and/or legal consequences.

---

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

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

---

**SECTION 4: DEPARTMENT HEAD APPROVAL**

I certify that the above applicant is authorized to receive a Purchasing Card and that the card is necessary for their duties. I will monitor the card's use and report any misuse to the Finance Department.

**Department Head Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_

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

---

### **SECTION 5: FINANCE DEPARTMENT APPROVAL**

The Finance Department has reviewed and approved this application. A card will be issued in accordance with the City's Purchasing Card policies.

**Finance Representative Name:** \_\_\_\_\_

**Finance Representative Signature:**

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

---

For Internal Use Only:

P-Card Issuance Date: \_\_\_\_\_

Card Number (Last 4 Digits): \_\_\_\_\_

**CITY OF FOREST PARK**  
**PERSONAL USE / REIMBURSEMENT AFFIDAVIT**

---

**SECTION 1: CARDHOLDER INFORMATION**

- **Cardholder Name:** \_\_\_\_\_
  - **Department:** \_\_\_\_\_
  - **P-Card Number (Last 4 Digits):** \_\_\_\_\_
  - **Work Email:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
- 

**SECTION 2: DETAILS OF PERSONAL CHARGES**

I, the undersigned cardholder, acknowledge that the following charges listed on my Purchasing Card (P-Card) statement have been identified as personal use. I understand that I am responsible for reimbursing the City of Forest Park for these charges.

<b>Date of Transaction</b>	<b>Merchant/Vendor Name</b>	<b>Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

**SECTION 3: PAYMENT INFORMATION**

I understand that payment in full must be remitted to the City of Forest Park within **10 business days** of the completion of this affidavit.

**Amount to be Reimbursed:** \$ \_\_\_\_\_

- Copy of Transaction(s) Attached
  - Payment Receipt Attached
- 

**SECTION 4: CARDHOLDER CERTIFICATION**

By signing below, I certify that the above-listed charges were personal in nature and not related to official business for the City of Forest Park. I agree to remit full payment within the prescribed time frame, and I acknowledge that failure to do so may result in disciplinary action.

**Cardholder Signature:** \_\_\_\_\_

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

---

### **SECTION 5: DEPARTMENT HEAD APPROVAL**

I certify that I have reviewed this affidavit and the corresponding charges. The cardholder has been informed of their obligation to reimburse the City.

**Department Head Name:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_

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

---

### **SECTION 6: FINANCE DEPARTMENT APPROVAL**

The Finance Department acknowledges receipt of this affidavit, the required documentation, and payment (if applicable).

**Finance Representative Name:** \_\_\_\_\_

**Finance Representative Signature:**

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

---

For Internal Use Only:

Date Payment Received: \_\_\_\_\_

Receipt/Transaction Number: \_\_\_\_\_

**CITY OF FOREST PARK**

**CARDHOLDER CHANGE FORM**

---

## SECTION 1: CARDHOLDER INFORMATION

- **Cardholder Name (Current):**  
\_\_\_\_\_
  - **Department:** \_\_\_\_\_
  - **P-Card Number (Last 4 Digits):** \_\_\_\_\_
  - **Work Email:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
- 

## SECTION 2: TYPE OF CHANGE REQUESTED

**Name Change**

- **New Name:** \_\_\_\_\_

**Lost or Stolen Card**

- **Date Card Lost/Stolen:** \_\_\_\_\_
- **Was the card reported to the issuing bank?**  Yes  No
- **If yes, date reported:** \_\_\_\_\_

**Temporary Spending Limit (STL) Increase**

- **Current STL:** \$ \_\_\_\_\_
- **Requested STL:** \$ \_\_\_\_\_
- **Reason for Increase:** \_\_\_\_\_
- **Duration of Increase (Start Date – End Date):** \_\_\_\_\_ to \_\_\_\_\_

**Other (Specify):** \_\_\_\_\_

---

## SECTION 3: REQUIRED DOCUMENTATION

- Copy of legal documentation for name change attached (if applicable)
  - Copy of police report for lost/stolen card attached (if applicable)
- 

## SECTION 4: CARDHOLDER CERTIFICATION

By signing below, I certify that the above information is accurate and request the specified changes to my Purchasing Card profile. I understand that failure to report lost or stolen cards in a timely manner could result in liability for unauthorized charges.

**Cardholder Signature:** \_\_\_\_\_

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

---

**SECTION 5: DEPARTMENT HEAD APPROVAL**

I have reviewed this request and approve the specified changes for the cardholder listed above.

**Department Head Name:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_

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

---

**SECTION 6: FINANCE DEPARTMENT APPROVAL**

The Finance Department has reviewed and approved this request. The necessary changes will be made to the cardholder's profile.

**Finance Representative Name:** \_\_\_\_\_

**Finance Representative Signature:**

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

---

For Internal Use Only:

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

Processed By: \_\_\_\_\_