



# ILLINOIS INSTITUTE OF TECHNOLOGY

## REQUEST TO LINK ADDITIONAL FOP TO AN EXISTING PCARD

Form must be approved by the **authorized FOP signer**. Please submit via campus mail or fax to:  
Esmeralda Jiménez, Procurement Program Mgr, Purchasing Dept., MB, RM 201 Fax (312) 567-6808

### Cardholder Information

Cardholder Name (as it appears on Pcard)			Social Security # XXX - XX - _____
Title and Department			Date of Birth __ / __ / 19 __ __
Street Address	Bldg & Room #	Campus	Work Phone:
City	State	Zip Code	IIT Email Address:

### FOP and PCARD Information

Additional FOP Number to Link to PCard	FUND					ORGANIZATION				PROGRAM				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Last 4 Digits of Pcard #</b> (Existing pcard for which additional FOP is being requested)	XXXX - XXXX - XXXX -										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Signatures

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_ Extension \_\_\_\_\_

Name and Title of Supervisor (please print) \_\_\_\_\_  
(Authorized FOP Signer)

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Extension \_\_\_\_\_

### Cardholder Controls (To be completed by Program Administrator)

Monthly Limit \$ _____	FOP accounts PCard is linked to:
MCC Groups - Single Transaction Limits:	1. _____ 3. _____
GENERAL	2. _____ 4. _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRAVEL	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
\$ _____	
\$ _____	

### Cardholder Approvals (To be completed by Program Administrator)

Approved by: (Please Print)	Signature	Date
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