



# RECEIPT FOR P-CARD

Printed name of cardholder: \_\_\_\_\_

**Dollar and transaction limitations for this cardholder:**

Dollars per transaction\* \_\_\_\_\_

Dollars per cycle ("month") \_\_\_\_\_

\*There is no P-Card transaction limit for purchases from a Statewide Contract, utilities, interagency payments, and professional services as defined in Title 18 O.S. §803. Any other State P-Card transaction shall not exceed Five Thousand Dollars (\$5,000.00).

I have reviewed and understand the dollar limitations on my p/card and I acknowledge receipt of the P-Card.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Card Received

P-Card Account No. (Last 6 digits only): \_\_\_\_\_

Cardholder Activation No. (Last 4 digits only): \_\_\_\_\_

County Department/Office: \_\_\_\_\_

Cardholder Telephone Number: \_\_\_\_\_

Cardholder Work Location: \_\_\_\_\_

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

County Clerk: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

**The County Purchasing Agent must complete and maintain the following information for each P-Cardholder, County Purchasing Agent, County Clerk.**

Initial OMES Training Date: \_\_\_\_\_

Card Order Date: \_\_\_\_\_

Initial Entity Training Date: \_\_\_\_\_

Card Cancellation Date: \_\_\_\_\_

Periodic Internal Training Date: \_\_\_\_\_

Card Compromise Date: \_\_\_\_\_

Periodic Internal Training Date: \_\_\_\_\_

Date Works Account Deactivated: \_\_\_\_\_

Periodic Internal Training Date: \_\_\_\_\_

Employee Termination Date: \_\_\_\_\_

Card Destruction Date: \_\_\_\_\_