



# Maricopa Community Colleges – Department Specific Card

\*\* PLEASE PRINT \*\*

DEPARTMENT APPLICATION INFORMATION		
Campus Department	Campus Address	Campus City, State Zip
Cardholder Name	Cardholder Email Address	Cardholder Business Phone
Cardholder Fax Number	Cardholder Signature:	Date:

Reviewer Name	Reviewer Email Address	Reviewer Business Phone
Reviewer Fax Number	Reviewer Signature:	Date:

Fiscal Name	Fiscal Email Address	Fiscal Business Phone
Fiscal Fax Number	Reviewer Signature:	Date:

MCCD Default Account	Default Account Description	District Account Approval
Reallocation Accounts	Account Description	District Account Approval

Purchasing Limits			
Single (SPL)	Default	\$2,500.00	
	Other	\$	
Monthly (MPL)		\$	

MCC Tables			
	01/02 Supplies		03i Int'l Travel
	03 Travel		05 HR/Advertising
	03a Group Travel		06 Copy Center
	04 PALL (Performing Arts, Labs, Library)		07 Culinary

ADDITIONAL USERS		
Name	Email Address	Business Phone

## FOR PROGRAM ADMINISTRATION USE ONLY

Program Administrator:			Date:
Tracy Price	<a href="mailto:procard@domail.maricopa.edu">procard@domail.maricopa.edu</a>	Phone: 480-731-8645	FAX 480-731-8190
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Keith Killourie	<a href="mailto:procard@domail.maricopa.edu">procard@domail.maricopa.edu</a>	Phone: 480-731-8518	FAX: 480-731-8190

COMPLIANCE	APPLICATION	AGREEMENT	CONFLICT	TRAINING	CARD/GE	SAM	CAMPUS
CARDHOLDER							
REVIEWER							