



Registration for purchase card training is required. Email this completed form to pcard@omes.ok.gov. Incomplete forms will be returned to the agency P-card administrator for correction.

AGENCY INFORMATION

Agency name		Agency #	
Address	City	State	ZIP code

ATTENDEE INFORMATION

Name (First Last)	Employee ID#
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☐ I require special accommodations.

Title	Phone	Email
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P-card role (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Agency P-card administrator | <input type="checkbox"/> Works accountant |
| <input type="checkbox"/> Agency P-card approving official | <input type="checkbox"/> Proxy reconciler |
| <input type="checkbox"/> Auditor | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Cardholder | |

SIGNATURE

Agency P-card administrator name

Agency P-card administrator signature	Date
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