



Navajo Nation WellsOne Commercial Card Purchasing Card Application



Cardholder Application Request

The Purchase Card must be utilized in accordance with the Navajo Nation Purchase Card Policies and Procedures. Violations of these Policies and Procedures may result in revocation of privileges and/or disciplinary action which may include suspension or termination pursuant to the Navajo Nation Personnel Policies Manual. Employees found to have improperly used the Purchase Card will be required to reimburse the Navajo Nation; reimbursement will be deducted from any money that is owed to the employee, including salary or wages and annual leave pay-out to the extent allowed by law.

EMPLOYEE NAME: _____
(Print or Type Name) (A/B#) (Social Security Number)

Job Title: _____
(Business Telephone Number/Ext.)

Business Email Address: _____
(Required) (Cardholder Signature Required)

Department/Program Name: _____
(Department Number)

Mailing Address: _____
(Business Only)

RECONCILER: _____
(Other than Cardholder) (Print or Type Name) (Job Title) (AB#) (Social Security Number)

Business Email Address: _____
(Required) (Reconciler Signature Required)

DEPARTMENT/PROGRAM MANAGER: _____
(Approver on CCER) (Print or Type Name) (AB#) (Social Security Number)

Business Email Address: _____
(Required) (Approver Signature Required)

Travel PCard-Restricted _____ Operations PCard _____
 Default/Primary Business Unit: General Fund _____ External Fund _____ Expiration Date _____

Additional Business Unit(s) & Expiration Date: _____

The applicant is seeking authorization to utilize the Navajo Nation Purchase Card. As the Navajo Nation Division Director/Branch Chief, I hereby grant authority to the individual named above to make reasonable and ethical, legitimate business purchases on behalf of the Navajo Nation Department/Program.

Division Director/Branch Chief: _____
(Print of Type Name) (Job Title)

(Signature Required) (Date Approved)

AN INCOMPLETE APPLICATION WILL BE RETURNED. PLEASE USE BLACK OR BLUE INK, NO WHITE-OUTS.

DPM USE ONLY

ELIGIBILITY REQUIREMENTS

Date of Employment: _____

OTHER

Employee Status: Regular _____ Temporary _____ Probationary _____ Political _____
At Will _____ Other _____

VERIFIED BY DPM: _____
(Date)

PCARD SECTION ONLY

CARDHOLDER HISTORY

Previous Cardholder? Yes _____ No _____

If Yes, why cancelled? _____

Cancelled by Cardholder _____ Date _____

Cancelled by Department _____ Date _____

Cancelled by OOC _____ Date _____

PROCESSING ACTION

General Fund _____ External Fund _____

Approved/Processed by PCard Section _____

Application submitted to WELLS FARGO via Internet _____
(Date)

Disapproved

Reason for Disapproval _____

