

**Hilltop Community Resources Inc.  
Purchasing Card Request Form**

Use this form to apply for a Hilltop Purchasing Card (P-Card). Please complete this form and forward to the next person to sign. After all required signatures are collected, send the completed form to [purchasing@htop.org](mailto:purchasing@htop.org) for processing.

**Type of Request (Mark One)**

New Individual P-Card (This card will have the person's name on it and they will be responsible for reconciling card purchases.)

New Program P-Card (This card will have a program first and last name like "Hilltop Corporate" and one employee will be assigned to reconcile card purchases.)

New Fleet/Gas P-Card

Change Program P-Card Reconciler

**First Name on Card:** \_\_\_\_\_  
**Last Name on Card:** \_\_\_\_\_  
**Reconciler Name:** \_\_\_\_\_  
**Approver Name:** \_\_\_\_\_

**Monthly Credit Limit:** \_\_\_\_\_  
**Home Department Code:** \_\_\_\_\_  
**Reconciler Employee #:** \_\_\_\_\_  
**Last 6 of VIN (for Fleet P-Card):** \_\_\_\_\_

\_\_\_\_\_  
Supervisor of Reconciler Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Operations Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Leader Signature

\_\_\_\_\_  
Date

**For Purchasing Use Only**

Date Ordered:	_____
Date Received:	_____
Date Mapped:	_____
Agreement signed:	_____