

## **APPLICATION - OASBO p-Card**

for participation in the Oregon ASBO/Illinois ASBO Procurement Card Program

Send this completed form with the application packet to:
OASBO p-Card Program, 707 13<sup>th</sup> St SE Ste 100, Salem, OR 97301

Organization		
Name		
Mailing Address		
City	State	Zip
Superintendent or Business Manager		
Web address where Board of Directors are listed		
Card Administrator		
Name		
Title		
Mailing Address		
City	State	Zip
Phone	Fax	
Email		
Please attach to this application sheet, the following:      Board Resolution - signed original     Minutes of board meeting where board resolution was approved     Last 3 years of annual financial audits (copies of the full CAFR are fine)     Organization Set Up Form (one for each card administrator)     Sales Tax Exemption Form     Member Account Agreement		
When OASBO receives the complete packet, it will be reviewed, a administrator listed in this application will receive their client imple scheduled. Under normal circumstances, implementation starts w packet.	mentation guide and the initial t	raining will be
<ul> <li>Would the card administrator like to participate in a support/user network among other OASBO p-Card users?</li> <li>Yes □ No</li> <li>Can OASBO list the organization as a program participant on our website? □ Yes □ No</li> </ul>		
If you have any questions, contact Angie Peterman, 503-480-7218 or apeterman@oasbo.com.		
Approved by Oregon ASBO	Date	
Approved by Harris/BMO	Date	