

Revised February 1, 2019

# CHECKLIST FOR BECOMING A PURCHASING-CARDHOLDER (P-Cardholder)

## What Forms and Trainings are Required?

### FORMS

**Purchasing Card Application:** located on the [P-Card](#) website under [Apply for a P-Card](#). Your Authorized limits should be set by a [P-Card Coordinator](#) or Approver. Return completed forms to the [P-CardTeam](#).

**Oracle EBS Access Request Form:** Return completed [AccessRequest Form](#) to [BRC](#) for user access and permission in Oracle.  
*Note: Access Request form is not needed for Proxy Users, however they will need to be set up as a proxy. Visit [BRC's](#) site for more information on Proxy/Delegate Request.*

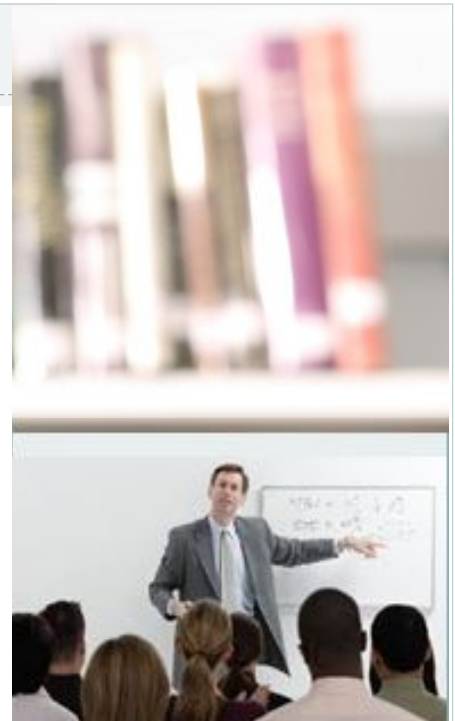
### TRAINING

#### Oracle EBS iExpense and Purchasing Card Training:

The BRC and the P-Card team have collaborated to ensure P-Cardholders receive full training both in iExpense and Purchasing Card prior to receiving Oracle access and their physical card. P-Card training is held on the first Tuesday of every month. EBS iExpense training is now offered as an online course.

Click links below to Register for:

- [On-Demand EBS Training Course - iExpense-Intro to iExpense.](#)
- [Purchasing Card \(P-Card\) Training.](#)



**King County CARD APPLICATION** Please check one: P-Card  Travel Card

Please return the signed application to: P-Card Team, MS: CNK-ES-0340 or scan and email to [P-CardTeam@kingcounty.gov](mailto:P-CardTeam@kingcounty.gov)

Please enter the name that appears in PeopleSoft

|                  |               |              |
|------------------|---------------|--------------|
| Last Name        | First Name    | PeopleSoft # |
| Department       | Division      |              |
| Section          | Job Title     |              |
| Business Address | Group         |              |
| City             | State         | Zip Code     |
| Business Phone # | Email Address |              |

**AUTHORIZATION LIMITS**  
Please specify purchasing limits or standard default of \$20,000 monthly credit limit and \$5,000 single purchase limit will be applied to the card. Monthly Credit Limit \_\_\_\_\_ Single Transaction Limit \_\_\_\_\_

**EMPLOYEE/APPROVAL SIGNATURES**

|                  |   |      |
|------------------|---|------|
| Print Name/Title | Cardholder Signature                    | Date |
| Print Name/Title | Supervisor/Manager Signature            | Date |
| Print Name/Title | Division Director Signature             | Date |
| Print Name/Title | P-Card Department Coordinator Signature | Date |

**FOR OFFICIAL USE ONLY**

|         |          |            |              |      |
|---------|----------|------------|--------------|------|
| Company | Division | Department | Completed by | Date |
|---------|----------|------------|--------------|------|

| Checkbox                 | Application steps process                              | Date |
|--------------------------|--|------|
| <input type="checkbox"/> | Enter application into US Bank                         |      |
| <input type="checkbox"/> | Add cardholder's information to Hierarchy & Oracle     |      |
| <input type="checkbox"/> | Add card number to Home Depot                          |      |
| <input type="checkbox"/> | Add cardholder's name to Z55ip, Procurement Card Group |      |
| <input type="checkbox"/> | Complete US Bank user profile & link account number    |      |
| <input type="checkbox"/> | Notify cardholder for P-Card order confirmation        |      |
| <input type="checkbox"/> | Invite cardholder to the next P-Card training          |      |

**AGENCY ORACLE EBS SECURITY ACCESS REQUEST FORM (EBS-SARF)**

Department of Executive Services  
Business Resource Center  
1400 1st Ave, Suite 400  
Seattle, WA 98101  
[esrc@kingcounty.gov](mailto:esrc@kingcounty.gov)

Use this form to request new user access, modify security access for existing users, or to request access for an employee transferring to your agency. To request all access, please complete the [Oracle EBS Security Form](#).

**EBS USER INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Dept/Division: \_\_\_\_\_  
Employee #: \_\_\_\_\_ Request Date: \_\_\_\_\_  
Is this user a new Oracle EBS User?  Yes  No If you selected No, please provide the EBS user name: \_\_\_\_\_  
Print user transferring to you from another King County agency, please provide the effective date and agency name: \_\_\_\_\_  
If any requisitions need to be reassignated please complete the [P-CARD REQUEST FORM](#) and submit a [Help Ticket](#).  
\*As part of the transfer process, we will revoke all existing responsibilities and add only what is authorized on this request.  
If this user is a contract employee with King County, please complete the [Contractor Information Form](#) and submit it with this form.

**INQUIRY ACCESS REQUIRES NO FORMAL EBS TRAINING**

The six inquiry responsibilities listed below are granted to all users.

|  |  |   |
|--|--|---|
| <input type="checkbox"/> KC EBS AP Inquiry | <input type="checkbox"/> KC EBS PA Inquiry | <input type="checkbox"/> KC Discoverer User |
| <input type="checkbox"/> KC EBS GL Inquiry | <input type="checkbox"/> KC EBS PO Inquiry | <input type="checkbox"/> KC EBS AR Inquiry  |

**THE FOLLOWING RESPONSIBILITIES REQUIRE TRAINING BEFORE ACCESS WILL BE GRANTED**  
Users selected below transfer all new user training responsibility. Any responsibilities an employee currently has that are not marked on this form will be removed. Run the [FAC001](#) Oracle user responsibility report to determine current access.

**ACCOUNTS RECEIVABLE**

| Responsibility  | Responsibility                          |
|---|---|
| <input type="checkbox"/> KC EBS AR Misc Receipts User                               |   |
| <input type="checkbox"/> KC EBS AR Treatment Division Only. Subject to WTD Training |   |
| <input type="checkbox"/> KC WTD AR Expert User                                      | <input type="checkbox"/> KC WTD AR User |

**DISCOVERER**

|  |
|--|
| <input type="checkbox"/> KC Discoverer Report Writer |
|--|

**FIXED ASSETS**

|  |  |
|--|--|
| <input type="checkbox"/> KC Assets Fixed User                            |  |
| <input type="checkbox"/> KC Assets Medical Center Fixed Asset Staff Only |  |
| <input type="checkbox"/> KC HMC Asset User                               | <input type="checkbox"/> KC HMC Assets Inquiry (all users) |

**GENERAL LEDGER**

|   |   |
|---|---|
| <input type="checkbox"/> KC General Ledger User | <input type="checkbox"/> KC Budget User |
|---|---|

**iEXPENSE**

|  |   |
|--|---|
| <input type="checkbox"/> KC iExpense User & Approver | <input type="checkbox"/> KC iExpense User |
|--|---|

Agencies with Oracle EBS Security access are required to complete this form. For more information, please contact the Business Resource Center at 206.462.3000 or [esrc@kingcounty.gov](mailto:esrc@kingcounty.gov). For a complete list of Oracle EBS Security responsibilities, please visit [Oracle EBS Security Form](#).