

Agency P-CARD Coordinator Access Online® Enrollment Form

CO-506 (1/2025)



STATE OF CONNECTICUT

Office of the State Comptroller
Central Accounts Payable Division

PURPOSE OF THIS FORM: Complete this form to add, modify or close a P-Card Coordinator profile in Access Online®. Once completed it should be submitted via email to osc.pcard@ct.gov.

AUTHORITIES:

- [CGS Section 4-98](#)
- [State of Connecticut Purchasing Card Program Manual](#)

GENERAL INSTRUCTIONS:

1. Section A - Complete all fields.
2. Section B - Select the required action from the drop down list. Comments are required for Modify or Close.
3. The form must be completed by the Requestor, and approved by the Agency P-Card Coordinator.
 - If the action selected is Close, enter the Business Manager/Designee information in the Requestor Section at the bottom of this form.
4. The properly completed, approved, and signed Agency P-CARD Coordinator Access Online® Enrollment form must be submitted via email to osc.pcard@ct.gov.

SECTION A - DEMOGRAPHIC INFORMATION

DATE OF REQUEST		AGENCY			
COORDINATOR TYPE					
FIRST NAME				LAST NAME	
WORK ADDRESS					
CITY				STATE	
PHONE NUMBER		EMAIL ADDRESS			

SECTION B - REQUIRED ACTION

ACTION	
COMMENTS	

Certification: I certify that the information provided above is accurate and complete. I understand that intentional misrepresentation of information on this form may result in disciplinary action.

Requestor Name: _____ **Title:** _____ **Requestor Signature:** _____ **Date:** _____

I acknowledge that the Requestor is a current State employee (or, for Close actions is an authorized Business Manager/Designee), responsible for their agency P-Card cardholder maintenance. I also acknowledge that the Requestor has received the agency P-Card policy and procedures document, as well as the State of Connecticut Purchasing Card Manual, and has agreed to abide by the policies and regulations set forth in those documents.

Approver Name: _____ **Title:** _____ **Approver Name:** _____ **Date:** _____