

1252.1.1F - Purchasing Card Application

Instructions for completing the Purchasing Card Application

The Purchasing Card (P-Card) application consists of pages 3 & 4, which must be completed in full and sent electronically to your **Access Request Coordinator (ARC)** for submission to the P-Card Office. To avoid delay, please note the following:

- The Accountholder must be a full-time employee of the University.
- Signatures are required for both Accountholder and Business Manager/Department Head. P-Card Applications received without the required signatures will not be processed.
- Each application must have a valid default Chartfield String (CFS). A Contract & Grant CFS is not allowed for use as a default.
- Someone other than the Accountholder must be assigned to submit final approval of P- Card transactions in Works, the P-Card reconciliation tool.

Once the application has been reviewed by the P-Card Administrator and the card is received from the bank, the P-Card Office will contact the Accountholder with information for completing mandatory training for new P-Card recipients. Training is computer-based and focuses on UNC established P-Card policies and procedures. At the end of training, the Accountholder will be prompted to take a short quiz. They must demonstrate complete understanding by scoring 100%; no exceptions allowed. Once the P-Card Office receives notification of successful completion they will contact the Accountholder to arrange a convenient time to pick-up their new UNC-Chapel Hill P-Card.

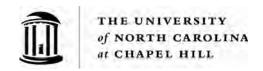
Purchasing Card Office

Administrative Office Building

104 Airport Drive, Suite 2500

Chapel Hill, NC 27599

For assistance completing these forms, please contact the **P-Card Office** at 919-962-2255 or pcard@unc.edu.



Instructions for completing the Bank of America Visa Purchasing Card Enrollment Form

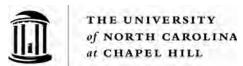
Accountholder Information

- 1. **Name on Card:** Cannot exceed 21 characters.
- 2. **Billing Address, City, State, Zip**: Enter business mailing address for Accountholder.
- 3. Business Phone: Enter contact number for the Accountholder
- 4. **Business Email Address**: Provide e-mail address of the Accountholder
- 5. PID# & ONYEN (REQUIRED): If you do not have a PID you cannot obtain a UNC P-Card.
- 6. **Monthly Credit Limit:** Available limits are \$5,000, \$10,000, \$25,000, \$35,000, and \$50,000. A request to increase the assigned monthly credit limit requires a justification memo signed by the appropriate Dean, Director, or Department Head.
- 7. **Single Transaction Limit:** Available limits are \$500, \$2,500, and \$5,000.
- 8. Sign and Date, accepting responsibility for P-Card use.

Departmental Group Approver for this Account:

- 1. Fill in the Name, ONYEN, Department, Department No., Business Email, Business Phone, and complete Campus Mailing Address of the individual responsible for approving Accountholder's transactions. Group Approver training is required.
- 2. **Default CFS**: Provide the desired P-Card default **Business Unit**, **Fund**, **Source**, and **Department ID**. Include Program and Cost Codes 1-3, if applicable.
- 3. **Business Manager/Department Head**: Must be signed by managing personnel with departmental signing authority. Please confirm validity of CFS assignment and budget prior to approving application.
- 4. **Group Proxy Reconciler (optional):** Request this level of access for any user assigned to reconcile and sign-off on transactions on behalf of an Accountholder. **Group Proxy Reconciler training is required.**
- **5. Scoped Auditor* (optional):** request this level of access for any user other than the Group Approver who is assigned to generate reporting.

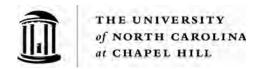
^{*}The P-Card Office will grant Scoped Auditor user access to Group Approvers, for reporting on all Works Purchasing Card transactions authorized by Accountholders within their group.



Bank of America Visa - Purchasing Card Enrollment Form

Institution Name: UNC-Chapel Hill

	ACCOUN	NTHOLDER INFORMATI	ON		
Name on Card: (Accountholder)					(21 Characters)
Billing Address:					(26 Characters)
Billing City:		Billing State:		Billing Zip:	
Business Phone:	(919)	·			
Bus. Email Address:					
PID#:		ONYEN:			
Monthly Credit Limit:	\$	Single Transaction	on Limit:	\$	
I agree to use this card for approved purchases only. I further understand that I may be personally liable for any funds misused with this card.					
	Accountholder Signature			Date	
Name: Department: Bus. Email Address:	lditional space is need	PPROVER FOR THIS ACC ded, submit attachment with re	quired infor ONYEN:No.: Phone: (9		
Business Unit:	Fund:	Source:	Dept.:		
Program:C	ost Code 1:	Cost Code 2:	(Cost Code 3:	
Business Mgr/Department Head:(Signature)					
			Date:		
		OPTIONAL			
(if additional space is needed, submit attachment with required information)					
Group Proxy Reconciler N		ONYEN:			
Bus. Email:					
Scoped Auditor Name:		ONYEN:			
Bus. Email:					



Accountholder Agreement

Ι,		hereby request a Purchasing Card.			
-	(Print Accountholder Name)				
	Accountholder for the				
1.	I understand that I am being entrusted with a valuable tool, a Purchasing Card. I will strive to obtain the best value for the University, when making financial commitments on behalf of the University of North Carolina at Chapel Hill.				
2.	I understand that the University is liable to Bank of America for all charges made on my P-Card. I further understand that I may be personally liable for the misuse and/or abuse of funds on my card.				
3.	I agree that I am the only person authorized to make purchases using my P-Card. Giving the card or account number to another person to make a purchase is not advised. I am solely responsible for protecting my P-Card from misuse/abuse.				
4.	I will follow the established policies and proced to do so may result in either revocation of card including those in accordance with the Human F	privileges or other disciplinary actions,			
5.	I have read a copy of the <u>Purchasing Card Har</u> <u>Card Infractions</u> , and I understand the requi				
6.	I agree to return my P-Card immediately Department head, or upon notice of termination with the University. Upon notice of transfer fr University, I agree to return this card for immediately	n of employment (including retirement) om my current Department within the			
7.	If my P-Card is lost or stolen, I agree to notify E hours a day, 365 days a year) and the P-Card off				
rules, re	hecking the box, I expressly acknowledge and agree to co equirements and University of North Carolina at Chapel H ses, including those of federal, state, and local agencies H	Hill policies and procedures that are applicable to			
Accour	ntholder Signature:	Date:			
P-Card	d Officer Signature:	Date:			