

PCARD AUTHORIZATION REQUEST FORM



Appendix 5B

Last Name _____ First _____ MI _____

Department _____ 8-Digit UR ID _____

Email Address _____ Phone # _____

Primary Company (select one): 010 Central Administration 020 The College 021 School of Arts & Sciences
022 School of Engineering & Applied Sciences 023 Simon School of Business 024 Warner School of Education
030 Eastman School of Music 040 School of Medicine & Dentistry 050 Strong Hospital 060 School of Nursing
070 Memorial Art Gallery 090 Health Sciences 091 Medical Faculty Group 092 Eastman Institute of Oral Health

Type of Card Being Requested (select one):

Standard Pcard Event Card Group Travel Card Declining Balance Card

Requested Monthly Credit Limit
(Standard single transaction limit is **\$5,000**; lower limits are also acceptable) _____
(Additional justification required for monthly credit limits exceeding \$25,000)

Cardholder Signature _____

Designated Procurement Card Manager

Signature/Date

Department Head/Chair

Signature/Date

Divisional Finance Officer

Signature/Date

PCARD AUTHORIZATION REQUEST FORM



CARDHOLDER & PROCUREMENT CARD MANAGER AGREEMENT

As a designated cardholder/Procurement Card Manager for the University Pcard Program, your signature below is verification that you have read the Procurement Card Policy and Procedure Manual and agree to comply with it as well as the following responsibilities.

CARDHOLDER

1. I hereby agree to comply with all program policies and procedures outlined within the Policy and Procedure Manual and the terms and conditions defined below. I understand the card is for University-approved business purchases only and I agree not to charge personal purchases.
2. Improper use of this card (including personal purchases) can be considered misappropriation of University funds. This may result in disciplinary action up to and including termination of employment.
3. If the card is lost or stolen, I will immediately notify U.S. Bank by telephone at 1-800-344-5696 and will also notify the University Pcard Administrator via email of any lost or stolen card.
4. I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.
5. The card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.
6. I will comply with sound internal auditing control procedures for all Pcard purchases. This includes uploading of all receipts and related transaction backup to the appropriate Pcard transactions within Workday, maintaining a record of business purpose; purchase authorization, accounting code reconciliation, etc. in addition to proper record retention. I understand that failure to do so will result in suspension of card privileges.
7. I understand that the Pcard is not necessarily provided to all employees. Assignment is based on my need to make approved business purchases for my department. My card may be revoked based on change of assignment or location. I understand that the card is not an entitlement nor reflective of title or position and it may be revoked at any time, without reason, by my Department, Division, Procurement or University Administration.

PROCUREMENT CARD MANAGER

1. I hereby agree to comply with and enforce all program policies and procedures outlined within the Policy and Procedure Manual and the terms and conditions defined below. I understand the card is for University-approved purchases only and cannot be used to charge personal purchases. I understand that the card is not an entitlement nor reflective of title or position.
2. Improper use of this card (including personal purchases) can be considered misappropriation of University funds. This may result in disciplinary action up to and including termination of employment.
3. I agree to retrieve the card immediately upon termination of a cardholder, whether for retirement, voluntary or involuntary reasons.
4. I will comply with sound internal auditing control procedures for all Pcard purchases. This includes insuring the uploading of all receipts and related transaction backup to the appropriate Pcard transactions within Workday, maintaining a record of business purpose; accounting code reconciliation, etc. in addition to proper record retention.
5. As the card is University property, I understand that I may be periodically required to comply with internal audit control procedures designed to protect University assets. Although receipts are required to be uploaded in Workday, I may also be asked to produce other documentation to audit its use.
6. I understand that as Procurement Card Manager, I am responsible for insuring that cardholder(s) abide by all Pcard Program Policies and Procedures and that failure to enforce the policy may result in suspension of approver rights in Workday. I understand the Pcard is not necessarily provided to all employees. Assignment is based on the need to make approved business purchases for the department.

Cardholder Signature

Date

Procurement Card Manager Signature

Date
