



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**

| <u>ACCOUNTHOLDER INFORMATION</u> | | | | | | |
|--|-------|---------------------------|----|--------------|-------------|-----------------|
| 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 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 | |
| <u>GROUP APPROVER FOR THIS ACCOUNT</u> | | | | | | |
| <i>(if additional space is needed, submit attachment with required information)</i> | | | | | | |
| Name: _____ ONYEN: _____ | | | | | | |
| Department: _____ No.: _____ | | | | | | |
| Bus. Email Address: _____ Bus. Phone: (919) _____ | | | | | | |
| Campus Mailing Address: _____ | | | | | | |
| Business Unit: _____ Fund: _____ Source: _____ Dept.: _____ | | | | | | |
| Program: _____ Cost Code 1: _____ Cost Code 2: _____ Cost Code 3: _____ | | | | | | |
| Business Mgr/Department Head: _____ | | | | | | |
| (Signature) | | | | | | |
| Print Name: _____ Date: _____ | | | | | | |
| <u>OPTIONAL</u> | | | | | | |
| <i>(if additional space is needed, submit attachment with required information)</i> | | | | | | |
| Group Proxy Reconciler Name: _____ ONYEN: _____ | | | | | | |
| Bus. Email: _____ | | | | | | |
| Scoped Auditor Name: _____ ONYEN: _____ | | | | | | |
| Bus. Email: _____ | | | | | | |



Accountholder Agreement

I, _____ hereby request a Purchasing Card.
(Print Accountholder Name)

As an Accountholder for the _____ Department/Division/Office, I agree to comply with the following terms and conditions regarding my use of the card:

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 procedures for the use of my P-Card. Failure to do so may result in either revocation of card privileges or other disciplinary actions, including those in accordance with the Human Resources Employee Manual.
5. I have read a copy of the [Purchasing Card Handbook](#) and [University Policy on P-Card Infractions](#), and I understand the requirements for use of my P-Card.
6. I agree to return my P-Card immediately upon request of my Supervisor or Department head, or upon notice of termination of employment (including retirement) with the University. Upon notice of transfer from my current Department within the University, I agree to return this card for immediate cancellation and obtain approval for a new one, if needed.
7. If my P-Card is lost or stolen, I agree to notify Bank of America at 1-888-449-2273 (24 hours a day, 365 days a year) and the P-Card office immediately.

By checking the box, I expressly acknowledge and agree to comply with all laws, ordinances, codes, regulations, rules, requirements and University of North Carolina at Chapel Hill policies and procedures that are applicable to purchases, including those of federal, state, and local agencies having jurisdiction and/or authority.

Accountholder Signature: _____ Date: _____

P-Card Officer Signature: _____ Date: _____