



Purchasing Card Application

Please type. Complete all relevant areas and return with required signatures to:

PCard Administrator pcard@uncg.edu

CARDHOLDER NAME

First: _____ Middle Initial: _____ Last: _____

University ID Number: _____ Campus Username: _____

Phone No: _____ Email Address: _____

Department Name: _____

Campus Address: _____

Account Profile: Default (Goods + Travel): STL: \$4,999.99, DL: \$10,000, ML: \$25,000

Default Fund-Org-Prg: For Internal Purposes.

DEPARTMENT PERMISSIONS

Delegate Name (if Cardholder is not acting as their own Delegate): *Cardholder is responsible for assigning their Delegate(s) within Emburse.*

Name: _____ Username: _____

Department Head/Supervisor of PCard Holder

Name: _____ Username: _____

Fund approvals for PCard transactions are determined by the funding source.

I agree to use this card for approved purchases only. I further understand that I may be held personally liable and subject to disciplinary or criminal action for any funds misused with this card.

Do you have a **Report to Supervisor** within Banner (NBAPOSN)? Yes No

Note: We cannot issue a PCard until you have a Report to Supervisor within Banner (NBAPOSN).

Signed: _____ Date: _____
(PCard Requester)

I hereby authorize the employee named above to receive a UNCG PCard to be used only for official University business. Along with assuring proper process handling within the monthly credit limits stated above, I verify this prospective cardholder is a UNC Greensboro employee.

Signed: _____ Date: _____
(Department Head/Supervisor)

For Procurement Services Use Only:

Approving PCard Administrator _____ Employee Active PEAEMPL Employee Active Emburse

User added CANVAS Training User added Emma mail Email Sent to Cardholder _____

Employee Agreement Form Received PCard Quiz Score _____ Cardholder Created in Works

Default Fund Added Emburse PCard Requested from BOA _____ Card Received

Office Depot Tax Exempt Card Delivered to CASAO