THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
UNCG Purchasing Card Program

PCard Hospitality Request
Please type. Complete and return with required signatures to: pcard@uncg.edu

PCARD REQUEST TYPE UNCG + HOSPITALITY Default (Goods + Travel + Food): STL: $4,999.99, DL: $10,000, ML: $25,000

☐ **UNCG + Hospitality (currently does NOT have a PCard)**
☐ **Hospitality Profile (currently has a PCard, and wants to add the Hospitality Profile)**

USER INFORMATION

First: _____ **Middle Initial:** _____ **Last:** _____

University ID Number: _____ **Campus Username:** _____

Department Name: _____

Phone No: _____ **Email Address:** _____

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) in Emburse.*
Name**:** _____ Username: _____

Department Head/Supervisor of PCard Holder
Name**:** _____ Username: _____

PCARD TRANSACTION APPROVALS ARE DETERMINED BY FUNDING SOURCE

I agree to use this card for approved purchases and business entertainment only. I have read and understand **Policy 14 -Business Entertainment** within the Office of Controller's website. I further understand that I may be held personally liable and subject to disciplinary or criminal action for any funds misused with this card.

Signed: _____ Date: _____
(User)

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)***

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)

As Procurement Services Director, I approve this Cardholder to be assigned the UNCG + HOSPITALITY Spend Profile, which allows the purchase of food and drink.

Signed: _____ Date: _____
(Director of Procurement Services/Designee)

For Purchasing Department Use Only: Approving PCard Administrator: _____ Employee Active in PEAEMPL ☐
Employee Active in Emburse ☐ User Added to Canvas ☐ User Added to Emma ☐ PCard Quiz Score_____
Cardholder Created in Works ☐ Card Requested from BoA _____ Card Received ☐
Office Depot Tax Exempt ☐ Date Email Sent: _____ Default Fund/Org/Prgm added Emburse ☐
Revised 09/25 | Assigned Hospitality Profile Date: _____ Card Delivered to CASAO ☐