THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
UNCG Purchasing Card Program

PCard-Works Maintenance Form
Please type. Complete all relevant areas and return with required signatures to:
PCard Administrator   **pcard@uncg.edu**

REQUESTING GROUP

Group Name: _____
Group Name = Department name. **Must match existing Works Group Name**.

REQUESTED CHANGE – FOR Group, Users, or Cardholders

GROUP CONTACT

☐ New Group Name: _____

☐ New Group Address: _____

☐ **Individual Name Change**: From: _____ To: _____

☐ **Cardholder** _____**Default Fund Change**: From: _____ To: _____

GROUP PERMISSIONS

If requested change requires the **creation of a new User** → New PCard / Works User Request Form must be included.

Reconciler(s) ☐ **Add** Group Reconciler(s) ☐ **Remove** Group Reconciler(s)

Name: _____   Username: _____
Name: _____   Username: _____

Approver   ☐ **Add** Group Approver   ☐ **Remove** Group Approver

A Group Reconciler or Cardholder Cannot Approve their own Group

Name: _____   Username: _____

CLOSE CARD ACCOUNT or DEACTIVATE
☐ **Close Account – The PCard account is closed and no longer active, but the User remains in the Works system.**
☐ **Deactivate Works User – The User & Card are removed from the Works system.**

Name, Effective Date, & Reason: _____

GROUP FUNDS

☐ **Add Listed Funds**   ***INCLUDE ORG***   ☐ **Remove Listed Funds**
Individual requesting Fund/Org addition must have Banner security access in FOMPROF.

_____

_____

_____

I hereby authorize the PCard Office to make the above requested changes to my Group.

Signed: _____ Banner Username: _____ Date: _____
(Department Head/Approver)

Revised 11/2021