



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
 UNCG Purchasing Card Program

PCard Coordinator Request/Change Form

Please print or type. Complete all relevant areas and return with required signatures to: PCard Manager, 1100 W Market St.
 Phone: 334-4461

- Request for New PCard (Complete All Areas) Change Existing PCard Type: Last 6 Digits of Card: _____ (Complete Gray Area Only)

- Type of PCard Requested:**
- Standard Goods/Commodities Only
- Travel Only
- Standard Goods/Commodities **plus** Travel

NOTE: Changes to existing cards are done internally and do not require the issuance of a new card.

COMPLETE FOR NEW PCARD REQUESTS AND CHANGES:

Name on Card: (For new cards, use Legal Name and do not exceed 26 total characters)

First: _____ Middle Initial: _____ Last: _____

University ID Number: _____

If you are replacing a coordinator, please put their name: _____

Campus Mailing Information:

Department Name: _____ (Not to exceed 26 characters for new cards)

Address: _____ (Not to exceed 26 characters for new cards)

City: _____ State: _____ Zip Code: _____

Phone No: _____ Fax No: _____ Email Address: _____

COMPLETE FOR NEW PCARD COORDINATOR REQUESTS ONLY:

Default Limits: Monthly Credit Limit: \$25,000, Daily Transaction Limit: \$5,000, Single Transaction Limit: \$2,500.

---Requests for limits other than the default must be submitted in writing or via email to the PCard Manager---

Default Fund/Account: _____ / _____

Card Coordinator Back-up Name:

Budget Authority Name:

Email: _____

Email: _____

Phone Number: _____

Phone Number: _____

I agree to use this card for approved purchases only. I further understand that I may be personally held liable for any funds misused with this card.

Signed: _____ Date: _____
 (Card holder)

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 limit specified, I verify this prospective card holder is a permanent employee.

Signed: _____ Printed: _____ Date: _____
 (Card holder's Supervisor)

For Purchasing Department Use Only: PCard Administrator Approval: _____ NCDOC _____

- Employee listed as active in PEAEMPL BofA Group Created BofA User Created
- BofA Card Requested Card Recd Card No. into PCWS ListServ Vendor Tax Exempts
- Last 6 Digits of Card Number: _____ Training Rec'd _____ (initial) Card Distributed