



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
 UNCG Purchasing Card Program

PCard Request Form

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

PCard Specialist
 pcard@uncg.edu

Form Type:

Cardholder Information: (Use Legal Name and **Do Not** exceed 26 total characters)

First: _____ Middle Initial: _____ Last: _____

University ID Number: _____

Phone No: _____ Email Address: _____

Department Name: _____ (**Do Not** exceed 26 total characters)

Street Address and Building Name: _____

City: _____ State: _____ Zip Code: _____

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

Default Fund/Account: _____ / _____

Card Coordinator

Name: _____ Email: _____

Card Coordinator Backup

Name: _____ Email: _____

Budget Authority

Name: _____ Email: _____

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.

Signed: _____ Date: _____
 (Cardholder)

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 permanent employee.

Signed: _____ Date: _____
 (Coordinator or Budgetary Authority)

For Purchasing Department Use Only: Approving PCard Administrator: _____
 Employee Active in PEAEMPL BofA Group Created BofA User Created
 BofA Card Requested Card Received Last 6 Digits of Card No. _____
 PCWS User Created User added to Bb group Vendor Tax Exempts
 Date Email Sent: _____ Bb Training Completed Card Distribution Date _____