|  |
| --- |
| **Purchasing Card Request Form**October 2016 |
| Instructions:The Purchasing Card Request Form is a key part in attaining a PCard and managing cardholder abilities. Each section must be filled out completely. Forward completed forms to the Purchasing Office.  |
| Requestor INFORMATION | CARDHOLDER INFORMATION |
| Name  | Click here to enter text. | Title  | Click here to enter text. | Name  | Click here to enter text. | Title  | Click here to enter text. |
| Dept.  | Click here to enter text. | Ext.  | Click here to enter text. | Dept.  | Click here to enter text. | Ext.  | Click here to enter text. |
| Email  | Click here to enter text. | Email | Click here to enter text. | ID # Click here to enter text. |
| CARD INFORMATION |
| Name on Front of Card: | Click here to enter text. | Default Budget Number:  | Click here to enter text. |
| Type | Credit | Per Transaction | Transactions Per Day | Primary Usage |
| [ ]  Faculty/Staff | $2,000 | $1,000 | 8 | Travel, Dining and Entertainment |
| [ ]  Department | $5,000 | $1,000 | 8 | Office Supplies, Travel, Renewals, Invoices |
| [ ]  Club/Org. | $1,000 | $1,000 | 8 | Office Supplies, Travel, Renewals, Invoices, Events |
| [ ]  Trip Specific | Determined by Balance in Trip Account | Travel, Dining and Entertainment |
| Trip Description: Click here to enter text. |
| ROLES & Responsibilities | Administrator use only |
| **Statement Approver (Cardholder’s Supervisor/Direct Report)** | **Transaction Allocator & Statement Reconciler** | **SYSTEM ISSUE**Rec’d RequestCard Rec’dNumber (last 8)Expire Database Excel**[ ]** Contact Email List**[ ]** Welcome Email**[ ]** Prepare Packet **[ ]** Tax Exempt | **ACTIVEPAY****[ ]** UsernamePasswordAllocatorCardholder* **[ ]** Full Access
* **[ ]** View Only

Dept. AllocatorManager**[ ]** Attach Card**[ ]** Default Budget **[ ]** State. Email**[ ]**   | **TRAINING**Date**[ ]** Signed Form**[ ]** Form CopiesTrainer Name:* Melissa
* Tiffany
 |
| Click here to enter text. | Click here to enter text. |
| * Review PCard transactions within area of responsibility to ensure appropriateness.
* Verify the statement and all receipts are submitted by the due dates.
* Initial the bottom of the cardholder’s statement beside Total Activity.
 | * Use ActivePay website to assign the correct budget number and transaction description.
* Attach receipts to the corresponding statement.
 |
| **Cardholder*** Sign the statement approving transactions.
 |
| approvals (CARDHOLDER’S DIRECT REPORT) |
| **Department Head/Director/Chair**Signature: | **Dean of Faculty** (Required for Faculty Cards Only)Signature: | **Senior Staff Member** (Required for Dept. Head/Chair/Director Cards Only)Signature: |

**Mail SIGNED forms to The Purchasing Department**

**PCard Responsibilities (Monthly)**

|  |  |  |
| --- | --- | --- |
| **Responsibility** | **Task** | **Due Date** |
| Online Allocation(Cardholder) | Use ActivePay website to assign the correct budget number and transaction description. | 10th of each month(January allocations due February 10th) |
| Statement and Receipt Reconciliation(Cardholder) | Attach original receipts and missing receipt forms to the signed statement and submit to Statement Approver for signatures.  | The last day of the next month(January statements due February 28) |
| Statement Review & Approval(Cardholder’s Supervisor) | Review PCard transactions within area of responsibility to ensure appropriateness.Verify receipts are included and documented according to PCard Policies. Sign Missing Receipt forms if applicable.Initial the bottom of the cardholder’s statement and submit completed statements to the Purchasing Department by the due dates. | The last day of the next month(January statements due February 28) |