UNCP Purchasing Card Program

Works User Request Form

Complete all relevant areas and return with required signatures to:

PCard Administrator: **purchasing@uncp.edu**

REQUEST TYPE ☐ **New PCard** ☐ **User Only**: ☐ Approver ☐ Reconciler ☐ Auditor (check User Only type -does not currently exist in WORKS)

USER INFORMATION

Date: _____

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

Banner ID Number: _____ **Campus User Name:** _____

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

Division Name: _____

Campus Address: _____

Account Profile: Default (Goods) : STL: $4999.99

Default Fund:

The Non-State Default Fund is used when transactions must be swept due to failure to reconcile.

GROUP PERMISSIONS

Reconciler

Name**:** _____ User Name: _____

Reconciler Backup

Name**:** _____ User Name:_____

Approver/Budgetary Authority (A Group Reconciler or Cardholder **Cannot Approve their own Group**)

Name**:** _____ User Name:

Cardholder:

I agree to use this card and/or Works user accounts for approved purchases only. I further understand that I may be personally liable and subject to disciplinary or criminal action for any funds misused with this card and/or Works user account.

Signature:_____ Date:_____

Approver/Vice Chancellor:

I hereby authorize the employee named above to receive a UNCP PCard and/or Works user account 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 and/or Works user is a permanent employee.

Approver/Financial Manager:_____ Date:_____

Vice Chancellor: _____ Date:_____

For Purchasing Department Use Only: Approving PCard Administrator: _____

Employee Active in Banner ☐ Works Group Created ☐ Works User Created ☐

Works Card Requested ☐ Card Received ☐ Last 6 Digits of Card No. _____

User added to Online Training ☐ Date Email Sent: _____

Online Training Completed ☐