

## Grant Procurement Card Cardholder Account Form

**New** \_\_\_\_\_ (complete all fields front and back, except Cardholder Account #,)  
**Change** \_\_\_\_\_ (complete Cardholder Account # and fields to be Changed)  
**Delete** \_\_\_\_\_ (complete Cardholder Account # on front, Card Cancellation Section on back)  
**Cardholder Account #** 5 4 0 5 \_\_\_\_\_

**. Type Or Print Legibly**  
  
**. Department Liaison signature required on ALL forms**

### Company Information

**Company Name:** University of Northern Colorado

### Cardholder Information

<b>Cardholder Name:</b> (as it should appear on card) (24 Characters)	<b>UNC Bear #</b>
<b>Depart./Division Name:</b> (2nd Embossed line of card) (24 Characters)	<b>Date of Birth</b>
<b>Address Line 1</b> (35 Characters)	<b>Mother's Maiden Name or password</b>
<b>Address Line 2</b> Bldg, Room, Street (35 Characters)	<b>Work Phone</b>
<b>City</b> (23 Characters)	<b>State</b>
<b>Zip Code</b>	

**Banner Default Accounting Code:**

FUND				ORGANIZATION				ACCOUNT				PROGRAM			
								7	2	2	3	0			

### Reporting Hierarchy Levels

<b>Approving Official Level Title</b> Name of Level that will approve this Cardholder's transactions			<b>Approving Official (Level 6) Number</b> Purchasing will add if unavailable		
<b>Purchasing use only:</b>	<b>Level 2 (Region)</b>	<b>Level 3 (Division)</b>	<b>Level 4 (Sub-Unit)</b>	<b>Level 5 (FO)</b>	
<b>Reporting Hierarchy Level Numbers</b>					

### Cardholder Controls

<b>Cycle Spending Limit</b> Enter dollar amount	<b>Single Purchase Limit</b> (Maximum \$1,000) Enter dollar amount
<b># of Authorizations per day</b> Enter number 1-999	<b># of Transactions per cycle</b> Enter number 1-9,999

**MCC - Merchant Category Code**

(Purchasing Use Only) **Exclude: "Standard" UNCL**

### Cardholder Approvals

<b>Department Liaison Approval:</b>	(Cardholder should sign on back of form)	
<b>Name</b> (Please Print)	<b>Signature:</b>	<b>Date:</b>

<b>Purchasing Authorized Signer Approval:</b> (Please print)	<b>Purchasing Authorized Signer Signature</b>	<b>Date:</b>
<u>Judy Marie Scofield</u>	_____	_____

### SPARC Approval

**SPARC Liaison Approval**

**Mona Castor** \_\_\_\_\_

**For Bank Use Only**

**Account Number**    \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_

<b>Unit Assigned:</b>						
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**Signature Verified:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Mgt:** \_\_\_\_\_

**E-mail Information**

Cardholder E-Mail Address: \_\_\_\_\_

Reallocator E-Mail Address: \_\_\_\_\_

Approving Official Name: \_\_\_\_\_

Approving Official E-Mail Address: \_\_\_\_\_

**Package Delivery Address Information**

Primary Delivery Address: (Building & room address for standard size packages) \_\_\_\_\_

Secondary Delivery Address: (Building & room address for oversize/large packages) \_\_\_\_\_

**Cardholder Signature**

Cardholder Name (please print)	Cardholder Signature	Date
_____	_____	_____

**Questions on filling out this form? Contact Purchasing (970)351-1612**