

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

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

Banner Default Accounting Code:

FUND				ORGANIZATION				ACCOUNT				PROGRAM			
								7	2	2	3	0			

Reporting Hierarchy Levels

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

Cardholder Controls

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

MCC - Merchant Category Code

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

Cardholder Approvals

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

Purchasing Authorized Signer Approval: (Please print)	Purchasing Authorized Signer Signature	Date:
___Judy Marie Scofield___	_____	_____

Bank Use Only

Account Number _____ - _____ - _____

Unit Assigned:						
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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