

Hospital Cardholder Application

201 Presidents Circle Rm 170 | Salt Lake City, Utah 84112 | <http://fbs.admin.utah.edu/pcard/>
 Phone: 801-587-7859 | Fax: 801-581-8609 | Email: pcard@purchasing.utah.edu



Office Use Only

Employee UNID: _____ Last 10 of Card: _____

APPLICANT INFORMATION

First Name _____ Last Name _____ M.I. _____

Employee ID _____ University Email Address _____

Date of Birth (MM, DD, YYYY) _____ Business Phone _____ Cell Phone - Bank Purpose Only _____

HOME ADDRESS (PHYSICAL HOME ADDRESS IS REQUIRED)

Street Address (No PO Boxes) _____ City _____

State _____ Zip Code _____ Country of Citizenship _____

NAME TO APPEAR ON CARD: _____

DEPARTMENT INFORMATION

Department Name _____ Organization ID/ORG ID _____

Department Street Address (*Your PCard's Mailing and Billing Address*) _____ City _____

State _____ Zip Code _____ Name of Department Head _____

REQUESTED LIMITS

Monthly Cycle Limit
 (12th through the 11th of the following month) \$ _____ Hospital Default Monthly Cycle Limit is \$300.

Single Purchase Limit \$ _____ Hospital Default Single Purchase Limit is \$300.

Single transaction limit requests exceeding **\$300** require a brief explanation: _____

DEFAULT CHARTFIELD

Default Chartfield: Charges that are not reallocated during the month will automatically be charged to this chartfield. The Signature of the Account Executive on this default chartfield must appear on page 2.

BU (2)	ORG (5)	ACCOUNT (5)
02		

Office Use Only

Date Trained:

Org in pro:

Bank:

Email:

Applications:

Arrival Email:

Picked Up:

Pro:

Manager:

 Glendon Mitchell, Director

Reallocator Information: Reallocators review and reallocate PCard transactions posted in the PCard Reallocation System. This person must complete Cardholder and Reallocator Training. Your account must have a trained reallocator prior to activation.

Statement Recipient and Reallocator:

 First Name Last Name

 Employee ID University Email Address Business Phone

Additional Reallocator:

 First Name Last Name

 Employee ID University Email Address Business Phone

Alternate Chartfields: In the space below, enter additional chartfields that you need to reallocate your purchases. List only the chartfield combination, **not** the Account Code (last 5 digits).

*If you list alternate chartfields, there must be a signature included of the ORG Head.**

BU (2)	ORG (5)

BU (2)	ORG (5)

BU (2)	ORG (5)

*Authorized signature for Alternate Chartfield _____

*Authorized signature for Alternate Chartfield _____

*Authorized signature for Alternate Chartfield _____

By submitting this request for a Purchasing Card issued through JPMorgan Chase and from the University of Utah for the applicant named herein, the undersigned parties do hereby (1) certify that, to the best of their knowledge, information and belief, the information in this application is accurate, (2) certify that the identity of the aforementioned applicant has been verified, that the applicant is a current employee of the University of Utah, and has been duly authorized by the Account Executive and Department Head to incur expenses on behalf of the University of Utah and their department, (3) certify that the applicant has consented to the provision of their information in this application and as outlined in the PCard Handbook and agreement, and (4) confirm that the applicant has consented to the issuance of a PCard in their name, accepting full responsibility of any procurement with the PCard. **Account Executives and Department Heads** assume responsibility for the approval and oversight of all transactions.

Cardholder

Signature _____
 Type/Print Name _____
 Today's Date _____

Reallocator

Signature _____
 Type/Print Name _____
 Today's Date _____

Department Head

Signature _____
 Type/Print Name _____
 Today's Date _____

University Hospital Controller

Signature _____
 Type/Print Name Karen Macon
 Today's Date _____

AUTHORIZATION FOR BUSINESS MEALS

For business meal exemption, check the box and sign below:

 Type/Print Name

 Signature of Director

Training: Training must be completed to obtain a University Purchasing Card. In person training is required for reallocators. Trainings are available on the PCard website's [Training page](#).

PURCHASING CARDS THAT ARE NOT PICKED UP WITHIN 30 DAYS OF ISSUE DATE WILL BE CLOSED.