



HEALTH UNIVERSITY OF UTAH

Cardholder Application

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

Employee UNID: _____

Last 10 of Card#: _____

OFFICE USE ONLY



Purchasing Card

THE UNIVERSITY OF UTAH

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

Single Purchase Limit _____ \$ _____ The Default Single Purchase Limit is \$300. This limit **cannot exceed** \$5,000.

If you require limits that exceed the default, please provide a brief reason for this request:

AUTHORIZATION FOR BUSINESS MEALS

Please leave this section blank The cardholder listed on this application is approved to make business meal purchases by: if the cardholder will not be authorized.

Signature of Director

Type/Print Name

DEFAULT CHARTFIELD

Default Chartfield: Every card is assigned a default chartfield. Any 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		

Reallocator Information: The reallocator will review and reallocate your PCard transactions in the PCard Reallocation System. This person must complete cardholder and reallocator training. See "Training" information below.
Your account must have a trained reallocator prior to activation.

Primary Reallocator:

 First Name Last Name

 Employee ID University Email Address Business Phone

Alternate Reallocator:

 First Name Last Name

 Employee ID University Email Address Business Phone

Alternate Chartfield: When making a purchase on the PCard, you will have the ability to assign the purchase to any chartfield you are authorized to use. In the space below, enter chartfields that you need to reallocate your purchases to. 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 _____

Training: All cardholders and reallocators must obtain training before the PCard can be activated. The online and in-person Cardholder trainings are available on the PCard website's [Training page](#). The University requires a quiz score of 80% or higher on the online training in order to become a University Cardholder. Reallocator training must be completed in person and you can register for this training [here](#) after completing the mandatory Cardholder Training.

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