

University System of New Hampshire

Purchasing Card Application

I am applying for

- a new card
- a permanent change to an existing card
- a transfer of my card to another department

Card Type

- Standard-Individual
- Travel-Individual
- Abroad -Individual
- Standard Plus-Department
- Standard Plus-Individual

Last four digit of
your existing card

Date of transfer
if applicable

When requesting a department card, please provide
Department Name (Card Descriptor) to display on the card

Cardholder information

USNH ID #

First name

Middle Name/Initial

Last name

Campus

Campus legal Street Address

Mail Stop (if applicable)

Campus E-mail Address:

Campus Phone Number:

Cardholder's Responsible Home
ORGN

Cardholder's Default Accounting Distribution:

FUND

ORGN

ACCOUNT

PROG

ACTIVITY

LOCATION

Requested number of transactions per day:

Requested single purchase limit:

Requested number of transactions per month:

Requested monthly spending limit:

Name

USNH ID #

PCard Receipt Proxy:

What will this Pcard be used for? Please provide a brief description of the types of purchases that may be made. If applying for a Department Card please list the names of employees who will be authorized to use the card.

Cardholder Authorization

I request a purchasing card be issued to me. I agree to comply with all institutional policies and procedures regarding proper use and safekeeping of the card and understand that goods are to be purchased solely for institutional purposes. I agree that failure to comply with conditions stipulated in the USNH Cardholder's Guide will result in the withdrawal of the privilege of using the purchasing card. I further understand that purposeful, fraudulent or negligent behavior on my part regarding use of the card will be considered serious misconduct and may result in disciplinary action up to and including termination or legal action, as stipulated in the USNH Cardholder's Guide.

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Signature	Printed Name	Date

Direct Supervisor or his/her designee or Principal Investigator Authorization

I hereby authorize a purchasing card be issued to the individual named above.

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Signature	Printed Name / Title	Date

For Campus PCard Administrator use only

Order New Card?	Date New Card Ordered:	Schedule Training?
Yes		Yes
No	Date Added to Banner Finance:	No

Date Uploaded to Imaging System:	Date Training Completed:
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Signature	Printed Name / Title	Date
Campus PCard Administrator		

Instructions for Submitting Application:

Email complete application including signatures to banner.pcard@unh.edu.

University System of New Hampshire

Renee Harlow

System PCard Administrator

USNH Procurement Services

Banner.Pcard@unh.edu

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