

UNLV Procurement Card Program Cardholder Account Application

☐ New Card Application ☐ Individual ☐ Departmental ☐ Change Request ☐ Temporary Change _____
Change Effective Until

Cardholder Information

Cardholder Name (21 Characters): Or Department' name			
Email Address:			
Department:	Bldg.	Room #	Mail Sort:
Procurement Card Liaison (if different from Cardholder):			
The liaison will act on behalf of the Cardholder where record keeping and reconciliation are involved. This does not remove the Cardholder from liability for an improper reconciliation.			

Required by Bank One for Cardholder Security
(This does not appear on a credit report)

LAST 4 DIGITS of Social Security # or UNLV ID Number:

Date of Birth (MM/DD/YYYY):

Mother's Maiden Name or Password:

Work Phone Number:

(702)

Credit Card Information

UNLV Account Numbers	Fund (4)	Agency (3)	Org (4)	Sorg (Optional)
Primary Account: If you are not a signature authority on this account, one of them must sign here:	X			
Backup Account: If you are not a signature authority on this account, one of them must sign here:	X			

Primary and Backup accounts are required to process this application. However, you may use any account available to you for reconciliation.

Credit Limits

Monthly Credit Limit:
(Maximum \$10,000)

Single Purchase Limit:
(Maximum \$5,000)

Dollars Per Day:
(Optional)

Transactions Per Day:
(Maximum Ten)

Transactions Per Month:
(Maximum Sixty)

Hosting (Optional)

Host Account:	Fund (4)	Agency (3)	Org (4)	Sorg (Optional)
In order to receive pre-approval for hosting, a Dean or Vice President must sign here:	X			

If this section is not signed by a Dean, or Vice President, hosting will not be pre-approved. In this instance, each host transaction will need to be reviewed and approved by the appropriate authority in accordance with the PCard Policy

Application Authorization

This Application must be approved by a Department Chair, Director, Dean, or Vice President. It must also be accompanied by a completed Cardholder Agreement. This form may not be self-endorsed.

By signing this form, you grant the applicant authority to obtain and use a PCard as outlined in the UNLV Purchasing Card Manual. The department is responsible for approving all accounts used for transactions made against this card.

Recommended by: _____ Signature: _____ Date: _____
(Please Print) (Cardholder's supervisor)

Approved by: _____ Signature: _____ Date: _____
(Please Print) (Dept. Chair / Director / Dean / Vice President)

DISBURSEMENTS USE ONLY

Reporting Hierarchy Level Numbers	Level 2 (President/Vice)	Level 3 (Division)	Level 4 (Sub-Unit)	Level 5 (Fin Office) - not in use -
Application Approved by: _____ Signature: _____ Date: _____ (Please Print) (Program Administrator)				

UNLV Purchasing Card Program DEPARTMENTAL Cardholder Agreement

The University of Nevada, Las Vegas is pleased to present you with the UNLV Departmental PCard. It represents the university's confidence in you as a responsible employee of the university entrusted to safeguard and protect university assets.

Cardholder Agreement:

I understand that all purchases are to be made for business use only and consistent with existing policies.

The PCard program is not intended to avoid or bypass purchasing or payment procedures and is not for personal use.

As a department head or department supervisor with approval from department head, I agree that all uses of this card will comply with the terms and conditions of this agreement and the stated provisions of the Purchasing Card User Manual as provided to me. I acknowledge receipt of the user manual and confirm that I have read and understand its provisions. I understand that the university is liable to the issuing bank's MasterCard for all charges made by me.

As the primary holder of this departmental PCard, I agree to accept responsibility for the protection and proper use of this card as outlined in the agreement and the user manual.

I further understand that improper or fraudulent use of this departmental PCard may result in disciplinary action and/or personal liability to the person using the card. Purchases made using the departmental PCard which are deemed improper or fraudulent will be the responsibility of the department and chargeable to non-state, unrestricted funds of the department.

I understand that the university may terminate this department's right to use the departmental PCard at any time for any reason. I agree to return this card to the university immediately upon request or upon termination of employment.

Applicant Signature: _____ Date: _____

Printed Name: _____ Campus Phone #: _____

Department: _____ Mail Stop: _____ Email Address: _____

Department Approval:

I approve the issuance of a departmental PCard to this department and assume overall responsibility for the card

Approved by: _____

(Dept. Chair / Director / Dean / Vice President)

For completion with card distribution

I hereby acknowledge receipt of PCard

_____ Expiration Date: _____

Signature: _____ Date: _____