

Purchasing Card (P-Card) Account Request

The Banner Finance System should always be your first choice for obtaining goods and services. The University P-Card should only be used as a supplement for items that are not available through the Purchase Order process or in extreme emergencies. Justification is required for most purchases.

* Required

1. Employee Name *
2. Banner ID *
3. Employee Email Address *
4. Employee Title *
5. Division or College and Department *
6. Building Name and Office/Suite Number
7. Employee Phone Number *
8. Administrative Asst. Name (enter n/a if none) *
9. Administrative Asst. Banner ID
10. Administrative Asst. Phone Number
11. Administrative Asst. Email Address
12. Will Administrative Asst. be Proxy Reconciler? *
YES NO
13. FUND-ORG-PROGRAM *
14. What is the intended use of the P-Card? Please provide justification for this request. Include anticipated purchases, etc. *
15. I understand that no personal purchases may be made with this card, even with the intent of reimbursing the University. I agree to abide by all policies and procedures applicable to this program, and any subsequent amendments or addenda, including completing training as requested by the Office of Contracting & Procurement. I understand that failure to comply with the policies and procedures applicable to the program may result in the revocation of this card and appropriate disciplinary action. *

Employee/Accountholder Signature

Date

Purchasing Card (P-Card) Approver Acknowledgment & Information

The Approver is required to review each Accountholder transaction, approve or flag the transactions, and sign off in the Works environment for each billing cycle. **This must be completed by the tenth (10th) day of each month.**

* Required

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|---|--|
| 1. Approver Name * | 2. Banner ID * |
| 3. Approver Email Address * | 4. Approver Title * |
| 5. Division or College and Department * | 6. Building Name and Office/Suite Number |
| 7. Approver Phone Number * | |
| 8. Administrative Asst. Name (enter n/a if none) | 9. Administrative Asst. Banner ID |
| 10. Administrative Asst. Phone Number | 11. Administrative Asst. Email Address |
| 12. Will Administrative Asst. be Delegated Approver? * | |
| YES | NO |
| 13. As the Approver, I hereby agree to administer fiduciary responsibility by reviewing all transactions for appropriateness, as stated in the P-Card Policy and Procedures. If I find any inappropriate purchases, I will notify the Office of Contracting & Procurement immediately. Furthermore, I will ensure that all transactions are reconciled to the correct FOAPAL by account cycle deadlines and ensure that detailed receipts and comments are attached to each transaction. I also agree to complete Approver training if requested by the Office of Contracting & Procurement . I understand that should an Accountholder transfer out of the Department, or terminate employment with Rowan, I must notify the Office of Contracting & Procurement immediately upon that employee's departure from the department. | |

Approver Signature

Date

14. Next Reporting Level P-Card Approval

I hereby understand and agree to the above named personnel's roles and responsibilities as they are related to the University Purchasing Card. I recommend issuance of a P-Card as requested above. I understand it is the ultimate decision of the Office of Contracting & Procurement to approve or reject this application.

Dean/Vice President/ Provost Name & Signature

Date