



Instructions: Please complete the required fields and submit the signed form to your [Access Request Coordinator](#) (ARC) for submission to the P-Card Office. For assistance completing this form, please contact the P-Card Office at pcard@unc.edu.

Accountholder Information

Accountholder Name: _____
(Name on card, 21 character limit.) First Name Middle Name/Initial (optional) Last Name

PID:

ONYEN: _____

UNCCH Email Address: _____

Business Phone: _____

Campus Mailing Address: _____ **NC** _____
Street Address City State Zip Code

Monthly Credit Limit: _____ **Single Transaction Limit:** _____
(Select the amounts from the dropdown options.)

I agree to use this card for approved purchases only. I further understand that I may be personally liable for any funds misused with this card.

Accountholder Signature Date

Group Approver for Accountholder Information

Group Approver Name: _____ **ONYEN:** _____
First Name Last Name

UNCCH Email Address: _____ **Business Phone:** _____

Department Name: _____ **Department Number:**

Default Chartfield String: _____
Business Unit Fund Source Department Program Cost Code 1 Cost Code 2 Cost Code 3

(Note: A Contract and Grant chartfield string is not allowed.)

Business Manager/Department Head First & Last Name Business Manager/Department Head Signature Date

Additional Information (Optional Fields)

Group Proxy Reconciler Name: _____ **ONYEN:** _____
First Name Last Name

UNCCH Email Address: _____ **Business Phone:** _____

Scoped Auditor Name: _____ **ONYEN:** _____
First Name Last Name

UNCCH Email Address: _____ **Business Phone:** _____



Accountholder Agreement

I, _____ hereby request a Purchasing Card.
Accountholder First Name & Last Name

As an Accountholder for the _____ Department/Division/Office, I agree
Department Name

to comply with the following terms and conditions regarding my use of the card:

1. I understand that I am being entrusted with a valuable tool, a Purchasing Card. I will strive to obtain the best value for the University, when making financial commitments on behalf of the University of North Carolina at Chapel Hill.
2. I understand that the University is liable to Bank of America for all charges made on my P-Card. I further understand that I may be personally liable for the misuse and/or abuse of funds on my card.
3. I agree that I am the only person authorized to make purchases using my P-Card. Giving the card or account number to another person to make a purchase is not advised. I am solely responsible for protecting my P-Card from misuse/abuse.
4. I will follow the established policies and procedures for the use of my P-Card. Failure to do so may result in either revocation of card privileges or other disciplinary actions, including those in accordance with University employment policies.
5. I have read a copy of the [Purchasing Card Handbook](#) and University [Policy on P-Card Infractions](#), and I understand the requirements for use of my P-Card.
6. I agree to return my P-Card immediately upon request of my Supervisor or Department head, or upon notice of termination of employment (including retirement) with the University. Upon notice of transfer from my current Department within the University, I agree to return this card for immediate cancellation and obtain approval for a new one, if needed.
7. If my P-Card is lost or stolen, I agree to notify Bank of America at 1-888-449-2273 (24 hours a day, 365 days a year) and the P-Card office immediately.

By checking the box, I expressly acknowledge and agree to comply with all laws, ordinances, codes, regulations, rules, requirements and University of North Carolina at Chapel Hill policies and procedures that are applicable to purchases, including those of federal, state, and local agencies having jurisdiction and/or authority.

Accountholder Signature

Date