



Purchasing Card (P-Card) Maintenance Form

INSTRUCTIONS: This form is to be used to report the following changes regarding the Cardholder: Approver change, legal name change, transfer to another department, or change in reconciler or supervisor. Once completed and approved, please forward to the University's P-Card Administrator at pcards@uncfsu.edu.

Cardholder Information:

Full Name: _____

Banner ID: _____

Email: _____

Department: _____

Division: _____

Change Request:

Approver Change Old Approver : _____ New Approver: _____

☐ Name Change Old Name: _____ New Name: _____

☐ Reconciler Change (Complete Reconciler Section below)

Previous Reconciler: _____ New Reconciler: _____

☐ Department Change (Complete Supervisor Section below)

Previous Department: _____ New Department: _____

New Designated Reconciler Information – If applicable (Reconciler):

Designated Reconciler can be the cardholder or a responsible employee in the department. Reconciler is responsible for reviewing and reconciling the Cardholder's transactions in the card management system.

Full Name: _____

Banner ID: _____

Email: _____

Department and Division: _____

Do you already have an account in BOA Works? _____

If yes, please provide existing username in BOA Works: _____

- I understand as a reconciler, it is my responsibility to ensure that proper documentation and support is provided when reconciling the transactions charged to requestor's P-Card. I further understand that the P-Card shall be used solely for the intended purpose listed above and that all purchases on the P-Card shall be strictly for official University business. I further agree to comply with University Policy 205 -Procurement Card and applicable state law.

Reconciler's Signature: _____

Date: _____



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New Direct Supervisor Information – if applicable (Approver):

Full Name: _____

Banner ID: _____

Email: _____

Department and Division: _____

Do you already have an account in BOA Works? _____

If yes, please provide existing username in BOA Works: _____

- I understand as an approver; it is my responsibility to review all supporting documentation provided for each purchase and approve that each purchase has been made pursuant to University Policy 205 -Procurement Card and applicable state law.

Supervisor's Signature: _____ Date: _____

Signatures:

Cardholder	_____	Date:	_____
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Approvers (only if change in Reconciler or Department):

Dean, if applicable	_____	Date	_____
Provost or Division VC	_____	Date	_____
Chief Procurement Officer	_____	Date	_____

P-Card Administrator:

Information Updated	_____	Date Completed	_____
New Card Ordered if applicable	_____	Date Completed	_____
Cardholder Signature at Pickup:	_____	Date:	_____