

# Purchasing Card (P-Card)

## Authorization/Agreement and Application Information

### Issuance of Purchasing Card (P-Card)

The Department Head determines which employees in the department may have a P-Card.

- An employee may have only one P-Card.
- A Cardholder must be an employee who is responsible for purchasing supplies and small equipment for the department(s). (Note: Students, including graduate students, cannot be issued a P-Card.)
- The P-Card may be used only for University purchases.
- A P-Card may be used only by the person to whom it is issued. It may not be loaned to others, including employees in the same department.
- A Cardholder must have access to the P-Card Software to create required Order Logs for transactions or delegate to another employee to complete this task.

The Department Head determines the appropriate limits for each Cardholder based on a review of actual purchasing needs and responsibilities. Departments are encouraged to request reasonable limits to meet operational needs.

Requests for exceptions to P-Card policies, including exceptions to the maximum (maximum \$4,999.00 per transaction and maximum \$25,000.00 per monthly cycle), must be submitted via properly executed P-Card Exception Request form to UPAY Card Services for review. The request must include the nature of the exception and the University business purpose for which the exception is being requested. UPAY Card Services will route the request through the appropriate channels for review. All exceptions must be approved prior to purchase.

### **The P-Card Authorization/Agreement and Application Form can be completed in two ways:**

1. The Applicant and the Department Card Manager (DCM) enter information on this online form. The form is printed and signed by applicant and Department Head. The DCM faxes or e-mails the completed form to UPAY Card Services. The DCM enters application information into P-Card software and retains the original document.  
**OR**
2. The Applicant prints the form, enter applicable information, signs it, then obtains approval signature of the Department Head. The form is submitted to the DCM for completion and review. The DCM faxes or e-mails the completed form to UPAY Card Services. The DCM enters application information in the P-Card software and retains the original document.

# P-Card Authorization Agreement

## Applicant Information

Name: \_\_\_\_\_

Department Name: \_\_\_\_\_ Department Phone: \_\_\_\_\_

University E-Mail Address: \_\_\_\_\_ Department Chart/Org: \_\_\_\_\_

The P-Card is intended for the purpose of purchasing supplies and small equipment to be used for an official University-sponsored project, activity, or program. Purchases must also be consistent with policies pertaining to the C-FOAPAL charged and are not to include prohibited or restricted items unless criteria is met as designated in the OBFS Business and Financial Policies and Procedures (BFPP) manual section 7.6. There must be funds available in the C-FOAPAL charged to pay for the purchase made with the P-Card.

**The P-Card is to be used only by the named Cardholder.** The Cardholder may not make personal purchases and then reimburse the University. The named Cardholder is solely responsible for the protection and proper use of the P-Card. A Cardholder who misuses or fraudulently uses the P-Card will be subject to investigation, disciplinary actions, and/or termination of employment by the University and may be subject to criminal prosecution. The University is authorized to deduct from the Cardholder's salary any personal charges made on the P-Card.

The Cardholder is required to complete P-Card on-line training and pass a certification quiz before a P-Card will be issued. Completing the P-Card training and quiz during the designated recertification period is required to retain the use of the P-Card.

The Cardholder agrees to create an Order Log for every P-Card transaction upon review of the downloaded transactions in the P-Card software and to report and discrepancies to the vendor and/or contact the Bank, as prescribed on the OBFS website.

If a P-Card is lost, the Cardholder is responsible for notifying the issuing Bank and UPAY Card Services. If a card is stolen, the Cardholder is responsible for notifying the University Police Department in addition to the Bank and UPAY Card Services.

**Non-adherence to any of the above procedures and Business and Financial Policies and Procedures manual, sections 7.2, 7.6, 8, 16.1.1, and 16.4.1, may result in revocation of individual Cardholder privileges.**

In order to meet the requirements of the Federal Office of Foreign Asset Control (OFAC), the issuing Bank will perform a screening of each new card applicant. To facilitate this process, OBFS must provide personally identifying information (PII) about you and share it with the Bank and its affiliates. The sharing of your PII will ONLY be used by OBFS Card Services, the issuing Bank and its affiliates for card issuance. Additionally, PII about you will be physically and logically stored and protected while in the possession of OBFS Card Services, the Bank and its affiliates. Although, several administrative, physical and logical safeguards have been employed to protect systems on which your PII is stored, there is no guarantee of 100% security. Further, once the card is issued, your PII may be stored for an amount of time as deemed necessary by OBFS Card Services, the issuing Bank or its affiliates for business purposes and will not be used for other purposes than card issuance.

\_\_\_\_\_  
(initial) **I have read the above Privacy Notice regarding the collection, sharing, protection and storage of my personal information and agree to the terms provided. I understand that failure to agree to these terms will result in the non-issuance of the University card.**

For the full privacy notice and other information related to the collection, sharing, protection and storage of your personally identifying information related to this form, including your rights to the information collected about you, please contact OVP Security Management Office at [\(217\) 265-5440](tel:217-265-5440).

## Signatures

*By signing this agreement and initialing the above statement, I accept the responsibility for the protection of the P-Card as described in this agreement, and I agree to abide by the terms and conditions contained herein. I understand that any violations of this policy may result in disciplinary actions as authorized by the University in accordance with the applicable policies, procedures, and code of conduct and may result in legal action pursuant to appropriate criminal and/or civil laws.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Approved By:

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**The original completed form must be retained by the Department Card Manager (DCM). A copy of the completed form must be faxed or e-mailed to UPAY Card Services at 217-239-6735 or [cco@uillinois.edu](mailto:cco@uillinois.edu) for retention and processing with the issuing bank.**

# P-Card Application Information

## Applicant Personal Information (to be filled out by applicant)

Applicant Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Name as it should appear on card (21 character limit) \_\_\_\_\_

### Home Address

Street Address: \_\_\_\_\_ Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name/Password: \_\_\_\_\_

## P-Card Information (to be filled out by Department Card Manager)

### Cardholder's Dollar Limit

Single Transactions \$ \_\_\_\_\_

Cycle/Monthly Transactions \$ \_\_\_\_\_

### P-Card roles related to this card

Reconciler Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Approver Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Department Card Manager Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Department Head Name: \_\_\_\_\_ UIN: \_\_\_\_\_

### Default C-FOAPAL

Chart	Fund	Org	Account	Program	Activity (optional)	Location (optional)

### Ship to - University USPS Address (Cardholder's Billing Address)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Mail Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Signatures

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Approved By:

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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