

PNC BANK PURCHASING CARD
 CARDHOLDER APPLICATION FORM
 UNIVERSITY OF PITTSBURGH



PLEASE TYPE OR PRINT CLEARLY

THIS SECTION TO BE COMPLETED BY CARD HOLDER

Card holder name: _____ Phone # _____
(AS IT WILL APPEAR ON THE CARD – MAXIMUM 24 CHARACTERS)

Department name: _____ Fax # _____
(AS IT WILL APPEAR BELOW THE CARDHOLDER NAME ON THE CARD – MAXIMUM 24 CHARACTERS)

Campus address line #1 _____ Last 4 digits of SS# _____
(MAXIMUM 36 CHARACTERS)

Campus address line #2 _____ University Employee
(MAXIMUM 36 CHARACTERS) Yes No

City: _____ State: _____ ZIP: _____
(MAXIMUM 27 CHARACTERS) (MAXIMUM 2 CHARACTERS) (MAXIMUM 9 CHARACTERS)

Card holder e-mail address (REQUIRED) _____

THIS SECTION TO BE COMPLETED BY ACCOUNT ADMINISTRATOR

ENTITY	DEPARTMENT	SUBCODE	PURPOSE	PROJECT	REFERENCE	FUTURE USE
2 char	5 char	4 char	5 char	6 char	5 char	5 char

NOTE: THIS IS THE DEFAULT PRISM ACCOUNT NUMBER TO WHICH THE PURCHASE WILL BE CHARGED. Select an account number that is used for most of your purchases. For example, if you generally purchase supplies, select subcode 6001 as the default account number (02-01235-6001-00000-000000-00000-00000). If necessary, you may move the charge to a different account number using a PRISM journal entry.

Enter single transaction limit between \$500 and \$2,000: \$ _____

Enter limit for the total of daily transactions: \$ _____

Enter limit for the total cycle (monthly) transactions: \$ _____

Enter your responsibility center name: _____

Enter your division name: _____

Enter your department name: _____

APPROVED BY: (Print Administrator's Name and Title) _____

ACCOUNT ADMINISTRATOR SIGNATURE _____

P-CARD PROGRAM ADMINISTRATOR SIGNATURE _____

FOR PRISM P-CARD APPLICATION: _____

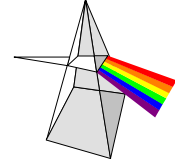
PURCHASING & PAYABLES DIRECTOR SIGNATURE _____
(Only required if cycle total > \$25,000)

P-CARD SUPERVISOR _____

ASSISTANT V.C. OF FINANCIAL OPERATIONS SIGNATURE _____
(Only required if cycle total > \$50,000)

P-CARD REVIEWER _____

PLEASE RETURN THIS FORM TO: P-CARD ADMINISTRATOR, 200 ATWOD OR FAX AT 624-7131



PRISM User Information Form

For Non-Employee P-Card Users

Please complete the following form in order for the PRISM group to establish a PRISM ID for use in the P-Card web application. It is necessary for each P-Card holder to have an ID. Please note that this will not give you access to PRISM or the P-Card web application. Access to those applications will be done separately. Once completed, please return this form to FIS Customer Assessment at 3200 Cathedral of Learning. If you have any questions, please call the Technology Help Desk at 412-624-9092.

Department Name & Code #:

Name:

Print full "Legal" Name:

Last 4 digits of SS#:

Preferred Email Address:

My Current Network Authorization Account is : _____

Or My Current PRISM Account User ID is : _____

Additional Comments: _____

Authorization:

As the requester of this access, I affirm that I have read and understand University Computing, Information, and Data Policies:

- 10-02-04 (<http://www.cfo.pitt.edu/policies/policy/10/10-02-04.html>)
- 10-02-05 (<http://www.cfo.pitt.edu/policies/policy/10/10-02-05.html>)
- 10-02-06 (<http://www.cfo.pitt.edu/policies/policy/10/10-02-06.html>)

and will abide by these policies, and use the requested data access only as required in the performance of my University duties.

Requester Signature: _____ Date: _____ Phone: _____

As the supervisor for the above requester, I affirm this request is in accordance with the requester's job function. I will be responsible for taking the appropriate change action, if the requester has a change in employment status.

Business Administrator

Printed Name: _____ Date: _____ Phone: _____

Signature: _____

Customer Assessment:

System Administrator: