

University System of New Hampshire

Purchasing Card Application

Request Card
Type

Number of
checkbooks

Cardholder Information:

First Name:

Middle Name/Initial

Last Name

Campus

Dept. Name

Campus Building

Room #

Campus Address

USNH ID

Campus Email
Address

Campus phone #

Card Information

MCC code

Max. \$
transaction

Total PCard \$ Limit

Max. # daily
transactions

Max. #
transactions
per month

BSC / Department Information

Account Manager IT ID:

First Name

Last Name

Business Manager IT ID:

First Name

Last Name

Cardholder's Default Accounting Distribution:

FUND

ORGN

ACCOUNT

PROGRAM

ACTV

Cardholder's
responsible
home ORGN

Sponsor Information (Please complete only if requesting a Sponsored Card)

First Name

Last Name

USNH ID

Campus phone

Cardholder Authorization

I request a purchasing card be issued to me. I agree to comply with all institutional policies and procedures regarding proper use and safekeeping of the card and understand that goods are to be purchased solely for institutional purposes. I agree that failure to comply with these conditions may result in the withdrawal of the privilege of using the purchasing card. I further understand that purposeful, fraudulent or negligent behavior on my part regarding use of the card will be considered serious misconduct and may result in disciplinary action up to and including termination or legal action, as stipulated in the USNH Cardholder's Guide.

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Signature	Printed Name	Date

Sponsor Authorization(Required if cardholder has a non-status appointment)

I hereby authorize a purchasing card be issued to the individual whose name appears above. Additionally, I authorize this person to make institutional purchases on my behalf, and I will review those purchases monthly. I agree to notify immediately my business manager when the above referenced individual either terminates or separates from this department or whenever a purchase made by this person appears not to meet USNH policies.

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Signature	Printed Name	Date

Business Unit Authorization

I hereby authorize a purchasing card be issued to the individual named above. I understand that the business unit will be held responsible for the proper use of the card including ensuring that all charges are posted to the appropriate accounts and maintaining the required records for all card transactions.

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Signature	Printed Name	Date

DO NOT COMPLETE THIS SECTION UNTIL CARD HAS BEEN RECEIVED AND TRAINING HAS
TAKEN PLACE

Cardholder Acceptance

I certify that I have read and understand the policies and procedures on the appropriate use and handling of the purchasing card and do hereby agree to comply with them. I also agree to surrender this card to my business unit account manager or business manager upon request or upon my termination/separation from this business unit.

Signature

Printed Name

Date

Witnessed by Campus Account Manager:

Signature

Printed Name

Date

Instructions for Submitting Application:

Click the "Print" button below

Complete the signature page obtaining all required signatures

Mail or fax application to the appropriate campus below:

UNH/USNH:

USNH Financial Services

5 Chenell Dr.

Suite 301

Concord, NH 03301

Fax: 603-862-0919

KSC:

229 Main Street

Keene, NH 03435

Fax: 603-358-2495 Purchasing, Disbursements and Contract Services

PSU:

17 High Street, MSC #35

Plymouth, NH 03264

Fax: 603-535-2711