

Form 3215 FR.01

EMS Purchasing Card and User Request

Revision Date: 3/03/08

Type of Request: () Add () Remove () Make Changes

1) User Information:

First Name: _____ Middle Initial: _____ Last Name: _____
 Email Address: _____ Dept.: _____
 NetID: _____ UPI: _____ HR Home Org: _____

2) PCard Information: New Card Change Limit (fill out section 3) Cancel Card

Card Number (last 4 of credit card number): _____

*(below information needed only if changing or requesting a new card)*Bus. Office Address 1: P.O. Box (your billing address which will be verified by vendors)

Bus. Office St. Address: _____ City: _____ State: _____ Zip Code: _____

Mother's Maiden Name: _____ Name on New Card: _____ (if different)

3) Pick PCard Type and Limits: Individual Card **or** Department Card (only \$500 per transaction, \$5k per month, no name on card)***For Individual Cards, Complete "a" or "b" then complete "c"***a. Air/Rail and all T&E: max. amt. per trans: \$ _____ max. amt. per month: \$ _____b. Travel Arranger Only: max. amt. per trans: \$ _____ max. amt. per month: \$ _____c. Supplies/other retail items: max. amt. per trans: \$ _____ max. amt. per month: \$ _____*(T&E trans. limit: \$5K Int'l travel, \$2K dom. travel; supplies-only trans. limit: \$500/gen. crdhdr, up to \$5K/bus. office)***4) EMS: Will anyone prepare expense reports on the users behalf, if yes enter name and NetID below?**

Name: _____ NetID: _____

Name: _____ NetID: _____

5) EMS: Does the user require a self-assigning assistant responsibility? Self-Assigning Assistant**6) EMS: Who will approve the expense reports?**

Who should the T&E and expense reimbursement reports go to for approval?

Name: _____ NetID: _____

Who should the supply-only/non-T&E expense reports go to (can be same as above)?

Name: _____ NetID: _____

7) EMS: Will this user approve other people's expense reports?a. T&E Report approver? Yes No Approval limit amount \$ _____ (cannot exceed \$10K)*(if this user will be an approver with financial authority; please make sure they are in the Disbursement Approver list under START)*b. Will this user be a supply-only/PCard Coordinator? Yes No

c. What organization level should this user have access to for EMS reports and listings: _____

*(should be same as for data warehouse reporting privileges where available- see BUG 602A for listing of org. codes)***8) Business Office Authorization of this Request**

Preparer Name: _____ Phone: _____ Date: _____

Bus. Manager's Printed Name: _____ Signature: _____