

PROCARD APPLICATION

UNIVERSITY OF LOUISVILLE & PNC BANK VISA COMMERCIAL CARD AGREEMENT

Cardholder/Responsible Party's Name: _____ Title: _____

Empl ID: 00- _____ UserID: _____ Email: _____ Telephone No: _____

Department Name: _____ Individual Card or Dept. Card
Only 1 (one) card per individual – see explanation at [Number of Cards](#)

Campus Address: _____

SpeedType: _____ GL Account Code: _____ (Must be allowable category on GRNT Chartfield)

PeopleSoft Financials Dept. ID: _____ Grant Expiration Date: _____
(If GRNT; OGMB; OGMN; OICB; OICN Chartfield)

Name of employee(s) doing reallocation: _____
(Reallocation is mandatory for all Chartfields funded by _____ (UserID)
sponsored research GRNT; OGMB; OGMN; OICB and OICN)

Transaction Limit \$ _____ Monthly Limit \$ _____ OPTION
(Not to exceed \$2,500) (Not to exceed \$10,000) Declining Balance Card
Maximum Limit \$ _____

PeopleSoft Division ID: _____ (to be completed by ProCard Office)

The Cardholder, who is an employee of the University of Louisville (or an affiliated corporation) in consideration of the issuance and use of a PNC Bank Visa Card ('ProCard'), hereby agrees to the following:

1. The card is for business-related purchases only; personal charges are not to be made to the card.
2. Cardholder agrees to comply with University policies and procedures regarding ProCard usage, and Sponsor specifications if applicable.
3. Safeguard the ProCard from unauthorized use and report to PNC Bank (800-685-4039), Purchasing and Public Safety any lost or stolen card or unauthorized use as soon as it is discovered. Suspected fraud is to be reported to all of the above including Audit Services. (Do NOT report lost/stolen cards to Audit Services.)
4. ProCard shall be used only for business purposes of the University, within the employment relationship between responsible party and the University.
5. Responsible Party agrees that items purchased are for and will be used by the University for exempt purposes and will not be subject to unrelated business income tax.
6. I am creating a financial obligation for my department which cannot be terminated until all payments are made.
7. I agree to maintain all receipts, statements and other information relating from the use of the card in accordance with University policy and to keep my transaction log sheet up-to-date.
8. I will perform, or have performed monthly reconciliations and maintain these reports for audit purposes.
9. Improper or fraudulent use of the Card may result in disciplinary action, up to and including termination of employment.
10. University may terminate my right to use the Card at any time for any reason. I agree to surrender the Card immediately upon request or upon termination of employment.
11. Unauthorized or non-business purchases charged to my ProCard may be deducted from my University pay.
12. I agree to keep the ProCard secure at all times and to apply the same safeguards that I use in protecting my personal credit cards.

Please check one of the following options:

- I will keep the ProCard on my person at all times. (OR)
 I will keep the ProCard locked in a safe/desk at my work station.

13. University of Louisville ProCard Office will perform regular field audits of ProCard account files.

By my signature, I am certifying that I am not and will not be in violation of the University of Louisville Conflict of Interest Policy, PER-1.03.

I agree to abide by the terms of usage listed above as well as any other related ProCard policies.

Cardholder Signature: _____ Email: _____ Date: _____

I agree to oversee this ProCard and reallocate charges as needed according to University budget and expenditure specifications and in accordance with any applicable Sponsor budget and/or expenditure specifications/limitations if this is a sponsored research funded Chartfield.

Reallocator Signature: _____ Email: _____ Date: _____

Empl ID: _____ User ID: _____

Signature of additional reallocator(s): _____ Email: _____

I agree to review and approve all charges/reallocations on this ProCard.

*Approver Signature: _____ Date: _____

*(Approver cannot be the cardholder)

Empl ID: _____ UserID: _____

I authorize _____ to monitor and reallocate charges for the Chartfield specified above in accordance with University and, if applicable, Sponsor's budget and/or expenditure specifications/limitations. I understand that this does not relieve me of my fiscal responsibility for this Chartfield.

Responsible Party for the Chartfield: _____ Date: _____

Director or Department Chair:

Name and Title: _____

Signature: _____ Date: _____

(By my signature, I am granting the above named individuals the authority to carry out the duties and responsibilities outlined on this application as well as those detailed in the ProCard Policies and Procedures.)

Dean or Vice President: (Not Required for School of Medicine)

Name and Title: _____

Signature: _____ Date: _____

(By my signature, I am granting the above named individuals the authority to carry out the duties and responsibilities outlined on this application as well as those detailed in the ProCard Policies and Procedures.)

ProCard Approval:

Name

Date