

# Procurement

## Instructions for Completion of New P-Card Request Form

1. The name of the cardholder (as shown on HR records), the default object code, the default account code, and the monthly credit limit/single transaction limit must be completed.
2. If a sponsored account is setup as the default account, all purchases made on this card must be intended for that default account **only**. If a general account is not available to use as the default account, then the following types of accounts could be used:
  - UGA Indirect Cost Recovery account (xx-xx-Axxxx-xxx)
  - UGARF Indirect Cost Recovery account (xx-21-RRxxx-900)
  - Department Sales & Services account that is not for a specific project (xx-xx-Dxxxx-000)
  - Set up as a new General account with no budget (xx-xx-Gxxxx-xxx)
3. The Department Head must assign an Approving Official for each cardholder. This individual must serve in a **supervisory capacity** to the cardholder. See P-Card Manual for mandatory duties to be performed by the Approving Official.
4. Complete the table to indicate which role(s) will complete the additional mandatory functions such as entering comments, changing account and object code, sign off in WORKS™, etc. If Facilitators are identified to complete any of these functions, those Facilitators must be identified by name and acknowledged assumption of the role by a signature.
5. If any individual assigned to a P-Card role has not yet received P-Card training, the P-Card Administrators will send instructions to those individuals as to how this training may be completed.
6. The Department Head must sign the New P-Card Request form to confirm that a) cardholder's job duties require the use of a P-Card, b) that the cardholder is a permanent (regular) employee and c) that the individuals indicated by the Department Head have agreed to assume the responsibility of the assigned roles and functions. **Department Head signature authority may not be delegated for the purpose of this form.**
7. Cardholders and Approving Officials must also read and sign the P-Card Ethical Behavior Agreement available on the Administrative Forms website. The signed forms should be attached to the completed New P-Card Request Form.
8. Return the completed forms to Jill Haag/Lynn Stephens, P-Card Administrators, Procurement Office, Business Services Building, and 424 E. Broad Street Athens. You may also email the forms to either [jhaag@uga.edu](mailto:jhaag@uga.edu) or [stephens@uga.edu](mailto:stephens@uga.edu) or fax the forms to their attention at 706-542-7035.

If you have questions relating to the form, please contact Jill Haag at 706-542-7084 or Lynn Stephens at 706-542-7108.



The University of Georgia  
New P-Card Request Form

Embossed Name (As shown on HR records):		
Embossed Departmental Name:		
Departmental Name for Address:		
Building; Room #; or Street Address:		
City:	State:	Zip:
Phone Number:	(3-Digit) Dept. Code:	
Default Account Number & Object code*:		
Default Account Name:		
Monthly Limit (if > \$10,000 provide justification):		
Single Transaction Limit:		
Cardholder's Email Address:		
Cardholder's Signature:		

*\* Valid default object codes are 71490 or 14XXX for resellers*

**Please indicate which role will be assigned to perform each of the following mandatory P-Card duties listed below.**  
CH = Card Holder, AO = Approving Official, DH = Department Head, FAC = Facilitator

P-Card Mandatory Duty	Check the Designated Roles				
	CH	AO	DH	FAC-1	FAC-2
Enter WORKS <sup>tm</sup> comments regarding purchase details and reason for purchase*					
Change default account in WORKS <sup>tm</sup> *					
Change default object code in WORKS <sup>tm</sup> *					
1 <sup>st</sup> level sign off in WORKS <sup>tm</sup>					
2 <sup>nd</sup> level sign off in WORKS <sup>tm</sup> **	N/A				
Reconcile the monthly billing statement					
Retain the reconciled monthly billing statement and all supporting documentation	N/A				

*\* More than one individual may be assigned to complete the function listed*

*\*\* 2<sup>nd</sup> level sign off must be completed by someone other than the Cardholder or 1<sup>st</sup> level sign off*

\_\_\_\_\_  
Facilitator-1 (Printed Name)

\_\_\_\_\_  
Facilitator-1 (Signature/Date)

\_\_\_\_\_  
Facilitator-2 (Printed Name)

\_\_\_\_\_  
Facilitator-2 (Signature/Date)

\_\_\_\_\_  
Approving Official (Printed Name)

\_\_\_\_\_  
Approving Official (Signature/Date)

Department Head (Printed Name): \_\_\_\_\_

Department Head (Signature/Date): \_\_\_\_\_

*Note: Signature Authority may not be delegated*