

## REQUEST FOR UC DAVIS PURCHASING CARD

### Proposed Cardholder

|                               |
|-------------------------------|
| Name:                         |
| Title:                        |
| County:                       |
| Location/Address:             |
| UC Employee:    Yes        No |

### Proposed Supervisory Reviewer\*

|                   |
|-------------------|
| Name:             |
| Title:            |
| Location/Address: |

*\*Supervisory Reviewer must be a UC employee with a supervisory title*

### Justification

*Please explain the proposed cardholder's job duties in regard to procurement. Give examples of the type of goods purchased and frequency of purchases. For ANR affiliates, explain affiliation.*

**Default Account Number to Charge:** L-

### Proposed Preset Spending Limits \*\*Lower limits may be set

#### Single Purchase Limit

*(Maximum system default limit = \$4999)\*\**

#### Dollars per Day

*(Maximum system default limit = \$10,000)\*\**

#### Dollar Limit per Billing Cycle

*(Maximum system default limit = \$25,000)\*\**

### Responsibilities

#### Cardholder:

- Ensure that all purchases are approved by responsible party in advance
- Ensure that fully itemized receipts are received for each purchase at the time of purchase
- Ensure that verification (by signature & date) of goods received by a third party is provided to the supervisory reviewer
- Provide all documentation for purchase to supervisory reviewer within 1 day of receipt of goods
- Reconcile monthly statement and report discrepancies to US Bank

#### Supervisory Reviewer:

- Review documentation provided by cardholder for compliance with University purchasing policy and appropriate use of University funds
- Approval of all card transaction documents (by signature & date)
- Email documentation of each transaction to BOC-K within 3 business days of receipt from cardholder
- Recommend/take corrective action if card is used improperly

#### County Director:

- Maintain copy of all cardholder applications and signed agreement forms
- Maintain list of all cardholders in the County Office
- Ensure that all transactions are in compliance with University policy and that proper internal controls are maintained
- Recommend/take corrective action if card is used improperly

### Signatures

Cardholder: \_\_\_\_\_  
Date

Supervisory Reviewer: \_\_\_\_\_  
Date

County Director: \_\_\_\_\_  
Date

BOC-K Director: \_\_\_\_\_  
Date