

UFV Scotiabank Visa Card Application Request



Please send completed and approved forms to pcard@ufv.ca. Note, the use of digital signatures will help facilitate the process for verification of signatures. If a manual signature has been used, both the Cardholder and Spending Authority must sign the form manually prior to submitting to pcard@ufv.ca.

Part 1 - Cardholder Information (to be completed by the Applicant)

Legal First Name: _____ Legal Last Name: _____
 Employee ID #: _____ Position: _____
 UFV Phone #: _____ Faculty/Department: _____
 UFV Email: _____
 Significant Date*: _____

*Choose a date you will easily remember (i.e. birth date, anniversary, hire date, etc.) You will need to know this date for card activation and security purposes.

Applicant to Read and Initial

1. I will not use the card for any personal expenses. _____
2. I will not share this card with another person and I will not share the PIN. _____
3. I understand the budget & account code listed on this form is my default code and all transactions, by default, will be charged to these accounts. _____
4. I understand my obligation to review all transactions online in CentreSuite each month and make any necessary changes to the budget and/or account codes prior to the submission deadline. _____
5. I understand my obligation to review all transactions each month and immediately follow up with the vendor regarding any errors and with Scotiabank regarding any suspected fraudulent charges. _____
6. I understand that the expense report, electronic & hard copy, and all supporting documents must be sent to Financial Services by the due date (21st of each month). _____
7. I understand that the expense report must be signed by the Cardholder (myself) and by the Signing Authority prior to submission. _____
8. I understand that statements will be audited and non-compliance may result in card privileges being terminated at the discretion of Procurement and/or Financial Services. _____

Your signature on this application implies that the rules and procedures outlined in the UFV Purchase Card Program Handbook will be adhered to. Misuse of the card may result in card termination. See the UFV Purchase Card Program Handbook for more details.

Cardholder Applicant Signature: _____ Date: _____

Part 2 - Default Information (to be completed by the Spending Authority)

Please provide the default information for the Cardholder:

Assigned Cardholder Reviewer: _____
 Budget Code (e.g. 999B): _____ Account Code (e.g. 1202): _____
 Standard Single Transaction Limit: _____ Standard Monthly Limit: _____

Authorization

Spending Authority Name	Spending Authority Signature	Date (mm/dd/yyyy)
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Procurement Processing Only		
MCC Exceptions:	_____	_____
Approved by Director, Supply Chain:	_____	Date: _____
Processed By:	_____	Date: _____
Reviewed by Director, Financial Services:	_____	_____