APPLICATION FORM

From:
(Department~Faculty)

Name:
(Department Director, Faculty Dean/Chair, Principal Investigator or BudgetOwner)

Date:

Signature: _____
(Department Director, Faculty Dean/Chair, Principal Investigator or Budget Owner)

Will the card be used for international purchases/travel? **YES** ☐ **NO** ☐

Will travel occur in the near future (within a month)? **YES** ☐ **NO** ☐

Date of Travel:

A UNBC Procurement card is requested for the following staff/faculty member. Maximum Limits per Transactions and Maximum limits per Card must be as stated (increments of $500).

NOTES:

- Please INSERT "full" name in the box below
- Transaction limit must not exceed current signingauthority

APPLICANT	FUND	ORG	Transaction Limit	Monthly Limit
NAME **EMAIL** **PHONE** **FAX**				

PLEASE RETURN THIS FORM TO: Contracts and Supply Chain Management

APPLICANT INFORMATION

Applicant Name:

Applicant Home Address:

Applicant Home Phone:

Applicant Date of Birth:

Account Delegation:
(Person to have online access to account)

Date:

Signature: _____

Applicant Signature

USE OF UNBC PROCUREMENT CARD

Cardholders are expected to adhere to the policies and procedures outlined below:

1) All purchasing policies found on the UNBC Policy Site must be adhered to when using the Procurement Card.

2) The cardholder must keep within the purchasing limits set by his/her department or faculty. These limits include a maximum amount that can be charged to the card each month, and a maximum amount for each transaction. The cardholder must never request a vendor to run two transactions in order to obtain goods/services over the transaction limit.

3) A Web Access Form will be required to be completed, signed and submitted to Finance (or with the MasterCard Application Form to Contracts and Supply Chain Management).-

4) Cardholders requiring a replacement card or change to their existing card must forward a completed and signed MasterCard Maintenance Form to Contracts and Supply Chain Management.

5) All transactions resulting from the use of a procurement card will require an itemized sales slip to be obtained from the vendor. In the event of phone orders, the cardholder shall obtain a faxed or emailed receipt or sales slip from the vendor. In the event of an online order a printout of the transaction of the transaction is required.

6) All cardholders are required to attach all sales slips and/or receipts to the reconciled monthly statement printed from FAST. Please refer to Purchasing Card Manual found on the Finance site for detailed instructions on how to complete the FAST reconciliation.

7) The cardholder must return the procurement card to his/her department Director/Manager or faculty Dean/Chair upon request, if transferring from the department/faculty. In the case of termination of employment the cardholder must return the card to his/her department Director/Manager or faculty Dean/Chair. The department Director/Manager or faculty Dean/Chair will forward the card to Contracts and Supply Chain Management, who will arrange for immediate cancellation of the card, and who will take action to determine the balance outstanding and payable to the bank.

8) If requested, the cardholder's department Director/Manager or faculty Dean/Chair will review and sign each monthly statement so that they are aware of the nature of the transactions being carried out by the cardholder, and so that they can monitor the transactions to ensure that the policies, transaction and monthly limits are being adhered to.

9) Transactions are uploaded nightly to FAST.

10) Important dates:
    a) Statement cutoff: 3rd of each month
    b) Reconciliation completed in FAST by: 20th of each month
    c) Hardcopy of statement and receipts submitted to Finance: 25th of each month

11) Payments are made to the bank on the 6th of each month to ensure interest charges are not incurred.

12) Cardholders are expected to adhere to the following obligations and restrictions contained in the Purchasing Card Guidelines.

NOTE:

- Any equipment purchased with an electrical power source that does not display BC Safety Authority approved electrical certification marks will require certification before being used. Certification will be coordinated through Purchasing and will be at the expense of the budget holder.
- Any items purchased with University of Northern British Columbia or UNBC on it must adhere to UNBC's Graphic Standards Manual

I,_____, hereby acknowledge I have read and understand the acquisition and use of the procurement card and agree to adhere to the policies found on the UNBC Policies Site.

Date: **Signature:** _____

Bank of Montreal Corporate Card Program
Employee Card Account Request (Schedule II)

ORGANIZATION NAME(the Customer) CARD TYPE(Check one)

( )Business Card
( )Business Card Enhanced

UNIVERSITY OF NORTHERN BRITISH COLUMBIA (X)Purchasing Card

Given Name, Initial, Surname (Maximum 24 Characters including spaces) LANGUAGE PREFERRED

☐ English ☐ French

STATEMENT MAILING ADDRESS

Street 3333 UNIVERSITY WAY Suite City PRINCE GEORGE

Province B.C. Postal Code V2N 4Z9 Employee Title

DEPARTMENT/COST CENTRE NUMBER NAME OF ONE UP REPORTING LEVEL

EMPLOYEE ACCOUNT AUTHORIZATION CONTROLS (*Refer to Form 20002 Special Authorization Set-up Tables)*

Transaction Limit Table (Prch)

Country Code Blocking Table (NAFA)

Merchant Category Code Blocking Table (Prch) Account Credit Limit

Declaration: The Customer requests the issue to the above named employee of a Bank of Montreal MasterCard card on the Customers
MasterCard account under the Customer's MasterCard Account Agreement with Bank of Montreal (the Bank).

I, the undersigned employee, acknowledge the Bank may issue me a MasterCard card on the account of the Customer (the Card), and renewals, substitutions and replacements thereof from time to time at the Bank's discretion. I understand any benefits or enhancements available to a holder of a Card may be varied or terminated from time to time and some may only be available if I enter into separate agreement. I acknowledge some benefits or enhancements are supplied by firms independent of the Bank and the Bank is not responsible or liable for anything in connection with those benefits or enhancements.

BY SIGNING BELOW, I ACCEPT AS NOTEICE IN WRITING OF AND CONSENT TO THE BANK OBTAINING FROM PROVIDING TO OR EXCHANGING WITH MY EMPLOYER ANY INFORMATION ABOUT ME AT ANYTIME IN CONNECTION WITH THE ISSUANCE AND USE OF THE CARD AND THE OPERATION AND ADMINISTRATION OF THE PROGRAM UNDER THE CUSTOMEEER'S MASTERCARD ACCOUNT AGREEMENT F0WITH THE BANK,

I agree to abide by the Cardholder Agreement, as recommended or replaced by the Bank from time to time, which the Bank sends relating to the
Card and agree that use of the Card will show I received the Cardholder Agreement.

I acknowledge to the Customer that I shall use the Card in connection with the Customer's affairs and in accordance with any procedures and guidelines established by the Customer for its use.

Applicable in the Province of Quebec only. It is the express wish of the parties that this agreement and related documents be drawn up in English.

I acknowledge having received a completed and signed copy of this Request.

Employee Signature Customer(Signature of Card Program Administrator) Date

TO BE COMPLETED BY BANK OF MONTREAL CORPORATE CARD CO-ORDINATOR

Corporate Number Source Code Program Code Product ID Application Type

Collateral Code P/A Score Account Manager Code Responsibility Centre Number