

OFFICE OF THE CONTROLLER
5000 North Willamette Boulevard
Portland, OR 97203-5798
(503) 943-8712 / Fax: (503) 943-7433
pcard@up.edu



University Purchasing Card New Card Request Form

CARDHOLDER INFORMATION

UP ID#: _____ Department: _____

Name: _____
FIRST NAME (AS IT WILL APPEAR ON THE CARD) MI LAST NAME

Email: _____ Phone Extension: _____

ACCOUNT INFORMATION

Monthly Credit Limit: _____ Default Budget: _____
FUND ORGN

Additional ORGN Codes: _____, _____, _____, _____, _____, _____

Reconciler Name (if applicable): _____

Approver Name: _____

Approver #2 Name (if applicable): _____

Additional Comments:

Budget Director Approval: _____ Date: _____
(MM/DD/YY)

Instructions

1. Complete form and forward to the Controller's Office or email pcard@up.edu.
2. Authorized budget director needs to sign (electronic signatures are allowed).
3. Please allow 7-10 business days for your new card to arrive after it has been ordered from Wells Fargo.
4. There are mandatory training videos that the cardholder is required to watch prior to issuance of the card.
5. An email will be sent to the cardholder after training is complete with instructions for picking up the card.