

University of Portland

WELLSONE Commercial Card Request Form

TO APPLY FOR A NEW ACCOUNT

1. Indicate *Type of Request* below
2. Complete ALL fields on form

****SEND completed and approved form to the Program Administrator for processing at the Office of the Controller, MSC 167****

TO CHANGE AN EXISTING ACCOUNT

1. Indicate *Type of Request* below
2. Fill in the Last Four Digits of Card: _____
3. Fill in current name on card here: First: _____ MI: ____ Last: _____
4. Complete *ONLY* fields to be *CHANGED*.

TYPE OF REQUEST (check all that apply)

<input type="checkbox"/> NEW Account – Plastic	<input type="checkbox"/> Out-of-Pocket Only User	<input type="checkbox"/> Account Code Changes
<input type="checkbox"/> NEW Account – No Plastic	<input type="checkbox"/> Account Closure/Cancellation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Approver	<input type="checkbox"/> Replacement Card Request	
<input type="checkbox"/> Reconciler	<input type="checkbox"/> Monthly Credit Limit Change	

CARDHOLDER INFORMATION (Please Print Clearly)

First Name	MI	Last Name (As it will appear on card)	Work Email Address
Banner ID# (Required)		Company Name (As embossed below name on card)	
University of Portland			
Position Title		Department	
Phone Extension	Monthly Credit Limit (Required)		
X	\$		

ACCOUNTING CODES (Required)

Primary Account:			
<input type="checkbox"/> Fund _____	<input type="checkbox"/> Org _____		
Other Accounts used:			
<input type="checkbox"/> Fund _____	<input type="checkbox"/> Org _____	<input type="checkbox"/> Fund _____	<input type="checkbox"/> Org _____

AUTHORIZATIONS (Required)

Employee Signature	Date		
Approving Direct Supervisor – Print Name	Title	Signature	Date
Approving UP Officer – Print Name	Title	Signature	Date
P-Card Program Administrator – Print Name	Signature	Date	