

University of Hawaii

Purchasing Cardholder Information

Unit Hierarchy: 50000 _____
(Hierarchy must have a Unit Reporting Administrative Information form)

Cardholder Name: _____
(First, MI, Last)

UH Number: _____

Address Line 1: _____ Office Ph. _____

Address Line 2: _____ Fax Ph. _____

City, State, ZIP: _____

E-Mail: _____

Date of Birth: _____ (For Caller Verification)

Mother's Maiden Name: _____ (For PVS Net Activation Password)

Is Cardholder a Fiscal Officer? Yes _____ No _____

Accounting Code

Account Code: _____

Subcode: _____

Campus Code: _____

Fiscal Officer Code: _____

Division Code: _____

Executive Level Code: _____

School Code: _____

Department Code: _____

Sub-Dept. Code: _____

Monthly Credit Limit: \$ _____
Single Purchase Limit: \$ _____ (per transaction)

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Department Liaison: _____

Approving Official: _____
(Vice President, Chancellor, Dean or Director)

Who will be responsible for reallocating charges on-line in PVS Net?

Who will be responsible for reconciling PVS Net transactions to FMIS?

Add the following MCC restrictions to Cardholder's card:

MCC Restrictions: _____
Reason(s): _____

Exempt the Cardholder from the following MCC Decline categories:

MCC Decline Categories: _____
Reason(s): _____

Applicant: _____

I authorize this applicant to have a Purchasing Card and spend University funds.

Signature of Vice-President, Dean or Director

Print Name

Date