

McGill

PCard Administration Group

McGill University
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Request for Procurement Card

This form must be completed for each individual applying for a PCard. Please print this form and fill in the appropriate information. This form must be signed by the applicant and authorized by the Fund Holder of the Default FOAPAL quoted below. If you are the Fund Holder, please have the form signed by your immediate supervisor. Once the form is completed, return it to above mentioned address via internal mail or fax. The applicant will be notified by email when the PCard has arrived.

Applicant Information:

McGill ID Number: _____

Last Name/First Name/Prefix: _____

Position Title: _____ Telephone Number: _____ Fax Number: _____

Department Name: _____ Building Name: _____

Department Civic Address: _____ Room No: _____

Email: _____

Charges will default to this FOAPAL if they are not reconciled on the McGill On-line PCard system (MOPS) after the designated time limit. All PCard transactions must be reconciled to the appropriate FOAPAL. By reconciling, the Cardholder confirms that the goods or services were received and assigns the charge to the appropriate fund. **Tri-Agency funds cannot be used as default funds.**

Fund	Organization	Account	Program	Activity	Location
		700490			

Purchase Limits: The following maximums will be applied unless otherwise requested below:

Transaction Limit: Default \$2,500.00 CDN Maximum Requested: \$_____ CDN

Cycle Limit (number of Purchase Transactions per day): Default 5 purchases per day Requested: _____ purchases per day

Monthly Limit: Default \$15,000.00 CDN per month Requested: \$_____ CDN

Applicant's Signature: _____ **Date:** _____

To be completed by Fund Holder or their immediate supervisor (Please indicate one):

The applicant will be responsible for reconciling their PCard transactions on MOPS.

I authorize the following to be set up as PCard Administrator and to reconcile all PCard transactions on MOPS on behalf of the Cardholder.

Last Name:	First Name:	McGill ID Number

My signature indicates that I am responsible for the FOAPAL to be charged or am the Fund Holder's immediate supervisor and I authorize the individual indicated on this form to use the PCard under the University approved guidelines.

Fund Holder or Supervisor Name (please print)	Fund Holder or Supervisor Signature:	McGill ID No.	Date:

For accounting department use only

	Date:
Fund Administrator Approval:	

	Date:
Accounting Department Approval:	