

P-CARD REQUEST FORM INSTRUCTIONS

Note: The P-Card Request Form may be filled out prior to printing and may be submitted via email to the P-Card Program Coordinator and fax original signatures.

EMPLOYEE (USER) INFORMATION:

a.	Self explanatory
b.	Official name of department
c.	Official Name as it appears in the MCG PeopleSoft System
d.	Self explanatory
e.	Official location of employee or department mail address
f.	Self explanatory
g.	GroupWise e-mail address

DEPARTMENT (APPROVAL) INFORMATION:

a.	PC#'s (shorthand # assigned to each CFC) / PeopleSoft account string for majority of all supply purchases, i.e. fund, dept, program, class (DEFAULT CFC's cannot be sponsored CFC's EXCEPT PPG, incentive or residual accounts) – all p-card transactions will be automatically charged to this account string unless re-allocated during the electronic reconciliation process.
b.	The credit limit assigned should mirror the monthly budgetary limits for supplies within the department.
c.	Usually the name of the staff/faculty member that requests all the p-cards and monitors assignment and limits set by the department.
d.	The cardholder or designated proxy that allocates appropriate account strings and account codes, in WORKS PAYMENT MANAGER each month on or before the due date.
e.	Self explanatory
f.	The staff/faculty member (or designee) with the budgetary approving responsibilities for the specific area or department.
g.	Self explanatory
h.	Self explanatory
i.	Self explanatory

Materials Management, in accordance with Generally Accepted Accounting Principles (GAAP) and Best Business Practices, wishes to ensure adequate segregation of duties with regard to the cardholder, approver and accountant. There should be a three-tier process for each cardholder.

- 1) The **cardholder** retains a receipt for every transaction throughout each month. The receipt is used as a tool to electronically “review, allocate, and sign-off” each transaction in WORKS Payment Manager. These actions fulfill the obligation of the cardholder to acknowledge each transaction that appears. Ideally the cardholder will attach the reviewed receipts to a copy of the G/L Memo Statement and forward to the “approver”.
- 2) The **approver** will “review, allocate (or correct as needed) and sign-off” each transaction in WORKS Payment Manager using the copy of the G/L memo statement and receipts as reconciling tools. This position may be a “designee” appointed by the appropriate approver if presented in writing of the departments need. The appropriate approver will, however, have audit responsibilities to review each transaction and receipt and manually sign-off on the paper documents retained by the department. The cardholder and approver must **never** be the same person.
- 3) The **accountant (s), PCard Program Coordinator and PCard Compliance Specialist**, will review the reconciled documents electronically and manually throughout the audit year through desktop (real-time) and field (departmental review of process and random receipt retention) audits.

**P-CARD REQUEST FORM
MEDICAL COLLEGE OF GEORGIA**

EMPLOYEE (USER) INFORMATION:

REQUIRED INFORMATION	RESPONSE
a) Date Submitted	
b) Department Name (Complete)	
c) Name to Appear on the Card (Official name that appears in the MCG PeopleSoft system)	
d) Last 4 digits Social Security #	
e) Location (Bldg. Code and Room #)	
f) Work Extension	
g) Cardholder E-mail Address	

DEPARTMENT (APPROVAL) INFORMATION:

REQUIRED INFORMATION	RESPONSE
a) PC# / Default PeopleSoft Account Strand	
b) Cardholder Monthly Limit	
c) Department P-Card Coordinator Name (Requestor)	
d) Name of Electronic Transaction Reconciler (WORKS PAYMENT MANAGER)	
e) E-mail Address of Electronic Transaction Reconciler (WORKS PAYMENT MANAGER)	
f) Name of Electronic Transaction Approver (WORKS PAYMENT MANAGER) (Cardholder cannot approve statement)	
g) E-mail Address of Electronic Transaction Approver (WORKS PAYMENT MANAGER)	
h) Department Head/Manager Name	
i) Department Head/Manager Signature	

- **THE DEPARTMENT HEAD/MANAGER MUST RETURN THIS FORM FILLED OUT COMPLETELY.** The form should be faxed to Lillian Samundsen, 1-4798 or submitted via intercampus mail.

- **CONTACT INFORMATION**

Lillian Samundsen
P-Card Program Coordinator
Materials Management
HSB 315
lsamundsen@mcg.edu
721-9441 Voicemail
721-4798 FAX

Tabetha Kendrick
P-Card Compliance Specialist
Materials Management
HSB 302
tkendrick@mcg.edu
721-4583 Voicemail
721-4798 FAX

- **IT MAY TAKE TWO TO THREE WEEKS FOR DELIVERY OF THE CARD AND TO COMPLETE P-CARD TRAINING.**