University of California, Berkeley
BFSv9 Cardholder Account Form (CAF) – Travel Study Card Program

Section 1 – Cardholder Data: Complete all fields.
Contact Information
First Name          MI  Last Name
EID# (UC Employee ID - 9 digits)
UCB Hire Date (Opt1 field)  Processing Unit ID (5 char - Opt2 field)
Department or Unit Name (Printed on card – Maximum 21 characters)

Work Address
Line 1 (Bank will refer to as the Billing Address – Maximum 35 characters)
Line 2 (optional – Maximum 35 characters)
City (25 char)                         State (2 char)    Zip Code (5 digits)
Work Phone Number (include area code)
Campus Email Address

Section 2 – Card Limits: Cycle runs from the 11th to the 10th of following month.
Total Credit $ Limit – (Anticipated annual $ spending amount)

Single Purchase $ Limit - SPL– (Max $35,000)

Daily $ Limit  – (Equal to or greater than Single Purchase $ Limit)

# of Transactions per Day – (Anticipated maximum transactions per day)

# of Transactions per Cycle – (Anticipated maximum transactions per cycle)

Merchant Category Code Group (MCCG): An Exception Approval Request form must be submitted for review and approval of custom purchasing privileges.

Standard Card
Custom ___________ (assigned by Card Program Services)

Special Instructions / Additional Information / Comments:

Section 3 – Default Chartstring Assignment:
Cardholder’s Default Chartstring – A complete and valid chartstring is required and should consist of at least the first 5 fields (last 2 fields are optional).

BU | Account | Fund | Org | Program | Project (optional) | Flexfield (optional)
---|---------|------|-----|---------|------------------|-------------------
10000 |         |      |     |         |                  |                   

Section 4 – Authorized Department Approver:
The Authorized Department Approver is the Authorized or Delegated Signer named in the current Memorandum of Agreement (MOA) on file with Card Program Services. If the department Authorized or Delegated Signer(s) changes, a new MOA with the updated roles must be submitted promptly to Card Program Services.

Name: (please print)  PUID: (5 char)  Signature:  Phone:  Date:

Section 5 – Central Procurement Use Only:
Card Program Services Administrator Name:  Signature:  Date:

HIERARCHY/UNIT REPORTING
BANK CO  DIVISION  DEPT
30876  TBR2  TBR3
30876  20001  TBR4  TBR5  TBR6  TBR7

Credit Card Number: [ ] (Number to be entered by Card Program Services)
Section 7 – Proxy Assignments: THE FOLLOWING INFORMATION IS REQUIRED PRIOR TO PROCESSING YOUR REQUEST FOR A NEW CARD.

Reconciler (Primary): Who will RECONCILE the cardholder’s transactions in BFSv9? Responsibilities include collecting documentation and confirming transaction details prior to forwarding the documentation to the Approver for approval in BFSv9. Best practice is for Cardholders to be their own Reconciler. All transactions must be reconciled and approved in BFSv9 by their assigned Clear Dates. (Attach sheet if any additional space is required.)

☐ Cardholder

Name: ___________________________ Employee ID #: ___________________________ Email Address: ___________________________

Reconcilers (Back-up): Who will back-up the primary Reconciler and RECONCILE the cardholder’s transactions in BFSv9, if needed? Assign at least one.

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<thead>
<tr>
<th>Name</th>
<th>Employee ID</th>
<th>Email Address</th>
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Approvers: Who will conduct post-transaction review of the cardholder’s purchase documentation? This person will update the status of the transaction in BFSv9 to "Approved" to confirm this step has been completed. (Cardholders may not approve their own transactions.) Assign at least one.

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Access to Transactions in BFSv9: There is a two-step process to assign a Reconciler or Approver to a given cardholder. First, make a request through the Systems Application Request Application (SARA) to have BFS Security include the role in the proxy’s BFS profile. Once complete, they can be added in that role to any account by Card Program Services. Departments should add the role to the above proxy’s BFS profile(s) prior to requesting new assignments.

Section 8 – Contact for Training Notifications:
Who should we contact regarding pro-card process training (new cardholder and annual refresher) for this cardholder? This contact is also responsible for ensuring that this cardholder receives training in the Department’s internal pro-card procedures prior to use of the card.

Name: ___________________________ Email Address: ___________________________

Mailing List (Listserv):
All Cardholders, Reconcilers and Approvers MUST be subscribed to the electronic mailing list (listserv) maintained by each department for receiving Pro-Card communications. Please check box to the left to confirm that the Cardholders, Reconcilers, and Approvers named above are subscribed to the department’s Travel Study Card mailing list.

Section 9 – Authorized Department Approver:
The Authorized Department Approver is the Authorized or Delegated Signer named in the current Memorandum of Agreement (MOA) on file with Card Program Services. If the department Authorized or Delegated Signer(s) changes, a new MOA with the updated roles must be submitted promptly to Card Program Services.

Name: (please print) ___________________________ PUID: (5 char) ___________________________ Signature: ___________________________ Phone: ___________________________ Date: ___________________________

Section 10 – Central Procurement Use Only:
Card Program Services Administrator Name: ___________________________ Signature: ___________________________ Date: ___________________________