

University of California, Berkeley
Cardholder Account Form (CAF) – Event Planner Card Program

<input type="checkbox"/> New Card Request Complete entire form. Sign both pages.	<input type="checkbox"/> Account Maintenance Provide only name, EID#, and field(s) to update. Sign page with update(s).	<input type="checkbox"/> Account Closure Provide only cardholder name and EID#. Sign page 1 only.	<input type="checkbox"/> Reactivate Account Provide only cardholder name and EID#. Sign page 1 only.
	<input type="checkbox"/> Contact Info (pg.1) <input type="checkbox"/> Limits (pg.1) <input type="checkbox"/> Default Chartstring (pg.1) <input type="checkbox"/> Proxy Assignments (pg.2) <input type="checkbox"/> Other _____	<input type="checkbox"/> Termination <input type="checkbox"/> Voluntary Closure	<input type="checkbox"/> Campus Mail Card <input type="checkbox"/> Pick-up Card from CPS Office <input type="checkbox"/> No Card Needed

Credit Card Number: (Number to be entered by Card Program Services)

<p>Section 1 – Cardholder Data: Complete all fields.</p> <p>Contact Information</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">First Name</td> <td style="width:5%;">MI</td> <td style="width:65%;">Last Name</td> </tr> <tr> <td><input style="width:95%;" type="text"/></td> <td><input style="width:20%;" type="text"/></td> <td><input style="width:95%;" type="text"/></td> </tr> </table> <p>EID# (UC Employee ID - 9 digits) <input style="width:95%;" type="text"/></p> <p>UCB Hire Date (Opt1 field) Processing Unit ID (5 char - Opt2 field) <input style="width:20%;" type="text"/> <input style="width:75%;" type="text"/></p> <p>Department or Unit Name (Printed on card – Maximum 21 characters) <input style="width:95%;" type="text"/></p> <p>Work Address</p> <p>Line 1 (Bank will refer to as the Billing Address – Maximum 35 characters) <input style="width:95%;" type="text"/></p> <p>Line 2 (optional – Maximum 35 characters) <input style="width:95%;" type="text"/></p> <p>City (25 char) State (2 char) Zip Code (5 digits) <input style="width:25%;" type="text"/> <input style="width:10%;" type="text"/> <input style="width:20%;" type="text"/></p> <p>Work Phone Number (include area code) <input style="width:95%;" type="text"/></p> <p>Campus Email Address <input style="width:95%;" type="text"/></p>	First Name	MI	Last Name	<input style="width:95%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>	<p>Section 2 – Card Limits:</p> <p>Total Credit \$ Limit – (Anticipated monthly \$ spending amount) <input style="width:95%;" type="text"/></p> <p>Single Purchase \$ Limit – (Max \$35,000) <input style="width:95%;" type="text"/></p> <p>Daily \$ Limit – (Equal to or greater than Single Purchase \$ Limit) <input style="width:95%;" type="text"/></p> <p># of Transactions per Day – (Anticipated maximum transactions per day) <input style="width:95%;" type="text"/></p> <p># of Transactions per Cycle – (Anticipated maximum transactions per cycle) <input style="width:95%;" type="text"/></p> <p>Merchant Category Code Group (MCCG): An Exception Approval Request form must be submitted for review and approval of custom purchasing privileges.</p> <p><input type="checkbox"/> Standard Card</p> <p><input type="checkbox"/> Custom _____ (assigned by Card Program Services)</p> <hr/> <p>Special Instructions / Additional Information / Comments:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
First Name	MI	Last Name					
<input style="width:95%;" type="text"/>	<input style="width:20%;" type="text"/>	<input style="width:95%;" type="text"/>					

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)
<input style="width:90%;" type="text" value="10000"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

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:

<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
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Section 5 – Central Procurement Use Only:

Card Program Services Administrator Name: Signature: _____ Date:

HIERARCHY/UNIT REPORTING

BANK CO	DIVISION	DEPT					
<input style="width:90%;" type="text" value="30876"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>					
TBR1	TBR2	TBR3	TBR4	TBR5	TBR6	TBR7	
<input style="width:90%;" type="text" value="30876"/>	<input style="width:90%;" type="text" value="20001"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

University of California, Berkeley
BFSv9 Cardholder Account Form (CAF) – Event Planner Card Program

Cardholder Name: <input style="width:95%;" type="text"/>	Employee ID#: <input style="width:95%;" type="text"/>	Processing Unit ID: <input style="width:95%;" type="text"/>	Date: <input style="width:95%;" type="text"/>
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Section 6 – Business Reason and Justification:
 Provide business reason and justification for needing a Event Planner Card in your department. (Attach sheet if any additional space is required.)

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 in BFSv9 by their assigned Clear Dates. (Attach sheet if any additional space is required.)

Cardholder

Name:	Employee ID#:	Email Address:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Reconcilers (Back-up): Who will back-up the primary Reconciler and “Verify” the cardholder’s transactions in BFSv9? Assign at least one.

Name:	Employee ID#:	Email Address:
(1) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
(2) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
(3) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Approvers: Who will conduct post-transaction review (individually or during monthly SAS 112 key control documentation of the cardholder’s purchase documentation for transactions of \$1,000.00 or more? This person will update the status of the transaction in BFSv9 to “Approved” to confirm this step has been completed. (May not be the cardholder.) Assign at least one.

Name:	Employee ID#:	Email Address:
(1) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
(2) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
(3) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

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, contact Card Program Services (via CAF) to add the proxy to a cardholder’s account. Departments should add the role to the proxy’s BFS profile prior to submitting the CAF.

Section 8 – Contact for Training Notifications:
 For new cardholders, who is contact regarding Event Planner Card program training (new cardholder and annual refresher)? The 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. Can be the Delegated Signer.

Name: **Email Address:**

Mailing List (Listserv):
 All Cardholders, Reconcilers and Approvers MUST be subscribed to the electronic mailing list(s) maintained by each department for receiving program communications. Please check box to the left to confirm that the Cardholders, Reconcilers, and Approvers named above are subscribed to the department’s Event Planner 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:**