EXHIBIT A
UNIVERSITY OF CINCINNATI
CARDHOLDER SET-UP FORM – VISA PURCHASING CARD

Cardholder Information

Name on Card/Account _____

<center>PLEASE PRINT</center>

Third Line Embossing (max. 25 characters) _____

(Use this line if you need to add additional information on the card (letters, numbers and spaces only)

Cardholder address _____ University of Cincinnati ML _____

<center>Organizational Unit</center>

Cincinnati, OH 452____

Office Telephone 513-_____-_____   E-Mail address _____

Per transaction limit _____ *(Default $500.00)*   Monthly Spending Limit _____ *(Default $10,000)*
Per transaction and monthly limits are not to exceed $2,000 and $10,000 respectively without a written explanation of the cards intended use.

UC Flex Default Account Code Information *(If an optional field is not used, leave blank)*

_____ /	_____ /	_____
Grant	Cost Center**	GL Account*

_____ /	_____ /	_____ /	_____ /	_____
Fund*	Functional Area*	Business Area*	Internal Order	WBS**

***Required accounting information**
****Identify one cost object: Work Breakdown Structure (WBS) or Cost Center as the default for the card.**

Transaction Verifier/Allocator (Please enter UC Flex User ID) *Maximum of four allocators per card*
Cardholder may only allocate charges. Card Verifier may allocate charges but must also attest to validity of cardholder's purchases.

Allocator 1 _____   Card Verifier 1 _____

Allocator 2 _____   Card Verifier 2 _____

Allocator 3 _____

Allocator 4 _____

Cardholder Supervisor/ Authorized Department Approval:

Name _____

Signature _____   Date_____

Add Travel *(requires approval of Dean, VP or Designee)*

Dean, VP, or Designee Signature _____ Date_____

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