



University of Windsor

University of Windsor BTA Card Application

This form is to be used by the Campus Community to apply for a UWindsor Purchasing Card.

Departments' Name (21 character limit on full name): _____

Contact Individuals (First Name, Last Name): _____

Contact Individuals' Business Phone Number: (519) 253- 3000 ext. _____

Contact Individuals' E-mail address: _____@uwindsor.ca

UWinID (Used as login ID with CentreSuite): _____

Significant Date: _____ (month/day/year)

You must assign your own significant date. It is required by the Bank for security reasons. It must be a valid DATE (8 digits) and format must be MMDDYEAR (e.g. 12011941).

Reminder: All Cardholders must complete the mandatory online BTA Card Training and Quiz before you can pick up your BTA Card from the Procurement Office. If the quiz is not completed when you go to pick up your BTA Card, the Purchasing Card Administrator will not release your new card to you. Training and Quiz can be found at:

https://met.uwindsor.ca/quizzes/purchasing_bta/

| | |
|--------------------|--|
| Dollar Limits (\$) | Monthly Spending Limit: \$ 15,000 |
| Card Restrictions | Merchant Category Code (MCC) exclusions for this Purchasing Card will be set up as per University defaults - refer to Cardholder Information Package. |
| Department: | <p>_____</p> <p>Please list which account numbers should be linked to your purchasing card. These will be used for transaction/expense allocation within the Scotia CentreSuite Card Management System. You must have signing authority on these accounts:</p> <p>Fund #: _____</p> <p>Department Account# _____</p> <p>Program Account # _____</p> <p>Project Account # _____</p> <p>Classification Account # _____</p> |

DEPARTMENT APPROVAL OF APPLICATION

Your signature below indicates approval of the form and confirms that all information is accurate. The form must be signed with written signature or official digital signature

Contact Individual Approval Signature: _____

Contact Approval Name (Please Print): _____

Department Approval Signature: _____

Department Approval Name (Please Print): _____

Approver Title: _____ Phone Ext. _____

UNIVERSITY OF WINDSOR
BTA Card Agreement – EMPLOYEES
(to be signed upon card issuance)

My signature indicates that I have completed the mandatory online **BTA Card Training and Quiz**, and that I agree to adhere to the policies and procedures established for the program.

Cardholder Signature: _____ Date: _____

Cardholder Name (please print): _____

Purchasing Services Use Only:

Date Card Was Requested: _____

Scotia Confirmation Number: _____

Date Card Received from Scotia: _____

Date Cardholder Completed the Online Quiz: _____

Date Cardholder Picked up Card: _____

Purchasing Card Administrator Signature: _____

Procurement Manager Signature: _____