

ACARD Approval Request for 5-3 Account as Default

Please provide information about the proposed ACARD default 5-3 account.

5-3 acct # _____ Federal Sponsor? Yes ____ No ____

5-3 award end date _____

PI's name: _____ PI's Department _____

Requesting Cardholder's name and phone: _____ ext _____

Approver's name and phone: _____ ext _____

Reallocator's name and phone: _____ ext _____

Please list other active 5-3 accounts for PI:

5-3 Account # End Date

Please list other active 5-3 accounts that Card holder would make purchases for:

What other departmental accounts could be used for default account? (1-3, 1-6, 2-2, etc)

Please justify why the 5-3 account is a better choice than one of these other accounts.

Special ACARD considerations: All reallocations to a different default account MUST be made before the reallocation period expires (within 10 days of purchase) or before the end of the current month. This is to be sure that the Federal Government is not billed for charges that do not belong on their account.

Card holder Certification: I certify that I will provide all receipts and documentation necessary to satisfy an auditor that purchases charged to this 5-3 account are allowable, necessary, and properly allocated to benefiting accounts.

Card holder's signature

Approver Certification: I agree that this 5-3 account is the most appropriate account for this purpose. I will work with the PI and card holder to ensure reallocation of any necessary charges in a timely manner and also to obtain proper documentation.

Approver's signature

Sponsored Programs Administrator Approval (initial one) Yes: _____ No: _____

ACARD Approved Date: _____ ACARD Denied Date: _____