 **Ghost Card Program Registration Form**

**Program Guidelines:**

* The Hill Ghost Card Program accommodates “one-off” or unplanned purchases.
* Schools/Divisions must provide a single default KFS account number.
* There is a $3,000 daily purchase limit per person.
* Food or gift card purchases are not permitted.
* Schools/Divisions must register for the program by completing this form.
* Go to the Tech Hub department inside The Hill (entrance near Ring Mall) to complete the purchase.
  + Only The Hill management will have access to the ghost card.
  + The Hill management verifies account info at the time of purchase.

**Registration Process** (completed by school/division):

* Complete **Ghost Card Program Registration** form (below).

**Purchasing Process** (completed by purchaser):

* Purchaser submits a **Ghost Card Purchase Request** form at the time of purchase from The Hill. Purchaser can bring a completed form or complete the form at The Hill (the registered single default KFS account number and registered fiscal officer name must be provided).
* Purchases take place at the Tech Hub department inside The Hill (entrance near Ring Mall).
* Purchaser keeps the original receipt for potential returns.

**Reconciliation Process** (completed by The Hill reconciler and fiscal officer):

* The Hill management attaches the **Ghost Card Purchase Request** form to a copy of the receipt, and sends documents to The Hill reconciler.
* The Hill reconciler uploads supporting documentation to the PCDO, then routes the PCDO to the registered fiscal officer of the single default account number for approval. *Fiscal officer can then reallocate account number and object code, if applicable.*

Please contact Corinna Corpuz ([cdcorpuz@uci.edu](mailto:cdcorpuz@uci.edu); 949-824-7677) for questions or concerns.

*Please complete information below and email to Corinna Corpuz at* [*cdcorpuz@uci.edu*](mailto:cdcorpuz@uci.edu) *to participate in this program.*

**School/Division Name**

**Dean/Vice Chancellor**

Print Name Signature Date

**Fiscal Officer**

Print Name Signature Date

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| --- | --- | --- | --- |
| **Default KFS Account #:** |  | **Fiscal Officer Phone #:** |  |