UNIVERSITY OF MASSACHUSETTS AMHERST
PROCARD APPLICATION/CHANGE FORM

☐ **NEW** ☐ **CHANGE - EFFECTIVE _____** ☐ **CANCEL - EFFECTIVE _____**

- **FOR CHANGE OR CANCEL REQUESTS - LIST LAST FOUR DIGITS OF PROCARD ACCOUNT NUMBER: __ __ __ __**
- **FOR CHANGES – ONLY COMPLETE AREAS CHANGING, CARDHOLDER NAME & APPLICABLE SIGNATURES**

TO BE COMPLETED BY THE CARDHOLDER

2nd Embossed Line - to appear on face of card below name: _____
(Ex. - Department or Project Name, 24 character limit) - If left blank will display as "UNIV MASS - AMHERST".

Name: _____ (limit to 24 characters) Employee Number: _____
Last First MI

Contact Information: _____
Dept. Name Rm. # Building Telephone

REQUIRED Bank Identification - Four Character Password: _____ Last four digits - SS# _____ Month/Year of Birth: ____/_____

Cardholder Signature: _____ Email: _____ Date: _____

Print - Name of Dept. Procard Records Manager: _____ Phone: _____ Email: _____

TO BE COMPLETED BY THE ACCOUNT ADMINISTRATOR OF ACCOUNT EXPENSED

Spending Limit Per Month (if other than $5,000): $_____Number of Purchases Allowed Per Day (if other than 20): _____

Single Purchase Limit (if less than $1,000): $_____ ____Number of Purchases Allowed Per Month (if other than 100): ____

Charge against - Speed Type # _____ Account _____Fund _____ Dept. ID _____ Program _____ Class _____
Project/Grant # _____ Expiration Date (Project/Grant Accounts Only):_____

If Applicable - Reallocator Name (s) _____ Operator ID (s) _____

Type/Print Account Administrator's Name: _____

Approved By: _____ Date:_____
(Signature, Account Administrator of Account Assigned to Card)

TO BE COMPLETED BY REPORTING AUTHORITY OF ACCOUNT ADMINISTRATOR ABOVE*

Default - Speed Type # _____ Fund _____ Dept. ID _____
(must be a different ST than the one provided in the Account Administrator area above)

Type/Print Reporting Authority's* Name: _____Approved by: _____ Date: _____
(Signature, Reporting Authority*)

***Individual to whom Account Administrator Reports (i.e. Department Head for a Principal Investigator's account)**

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Prepared By: _____ Phone _____ Date: _____

- **Please complete this form and forward to: Procard Manager - Procurement Department - 407 Goodell Building**
- **Submitted form must contain original signatures. Bank identification information is a JPMorgan Chase/MasterCard requirement.**

Grant Accountant Name: _____ Project/Grant Accountant Approval - Accountant Initials: _____ Date: _____

PLEASE KEEP A COPY FOR YOUR RECORDS

http://www.umass.edu/procurement/Procard/Forms.htm