



UNIVERSITY OF MASSACHUSETTS PROCARD APPLICATION & UPDATE FORM

PLEASE USE ONLINE FILL-IN FUNCTIONALITY FOR APPLICATION DETAILS

CARDHOLDER INFORMATION -

Last Name: _____ First Name: _____

Employee Number: _____ (The eight digit code on your paycheck)

2nd Embossed Line - _____
(Ex. Department Name) - This will appear on face of the Procard under the cardholder name
- If left blank will display as "UNIV MASS - AMHERST"

Department Name: _____ Room: _____ Building: _____

Phone: _____ Campus Email: _____

Cardholder Signature is no longer required on Procard applications. Signature will be obtained on the cardholder agreement at card delivery following the completion of training.

NEW - All sections required

CHANGE - *Only update areas changing*

CANCELLATION -

Effective Date: _____

Cardholder Name _____

Card Last Four Digits - _____

DEPARTMENT INFORMATION - to be completed by Account Administrator for budget listed below

PROCARD LIMITS

Monthly Spending Limit (if other than \$5,000):

\$ _____

Single Purchase Limit (Max allowed \$1,000):

\$ _____

Number Purchases Monthly (if other than 100) : _____

Number of Purchases Daily (if other than 20): _____

POST CHARGES TO THE FOLLOWING BUDGET:

(FOR NEW APPLICATIONS AND ST CHANGES, PLEASE FILL OUT THIS ENTIRE SECTION)

Speed Type # _____

Fund _____ Dept. ID _____

Program _____ Class _____

Project/Grant # _____ Exp. Date: _____

Account Code _____

Use the drop down arrow above to select the correct account code; if OTHER, please list to the right.

REALLOCATION ACCESS - Please list who is authorized to reallocate for this card

Reallocator Name: _____ - Operator ID _____

Reallocator Name: _____ - Operator ID _____

Reallocator Name: _____ - Operator ID _____

Reallocator Name: _____ - Operator ID _____

Please note - If a reallocator is not named, this card will be set to Auto Approve.

Department Procard Records Manager Details -

Name: _____ Employee ID: _____ Phone: _____ Email: _____

Print Account Administrator's Name: _____

Approved By: _____ Date: _____

(Signature of Account Administrator of ST Assigned Above)

NOTE - IF THE CARDHOLDER IS ALSO THE ACCOUNT ADMINISTRATOR LISTED ABOVE, THEN DEPARTMENT HEAD SIGNATURE IS REQUIRED

Print Department Head Name: _____ Signature: _____ Date: _____

Prepared By: _____ Phone _____ Date: _____

Grant - Accountant: _____ Approval - Initials: _____ Date: _____	E-mail completed form to : procard@umass.edu	Internal Office Use - Citi _____ HR _____ PS _____ ST _____ Owl RM _____ Owl Reg _____ Owl Compl _____
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PLEASE KEEP A COPY FOR YOUR DEPARTMENT RECORDS

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