

UMASS LOWELL PROCARD APPLICATION/ CHANGE FORM

Application Form

Change Form (last 4 digits of card _____)
(Only complete name and fields to be changed.)

First Name _____ Middle Initial _____

Last Name _____

E-mail Address _____

HR Employee ID # (ID number on your paycheck - it may be found at <http://www.uml.edu/hr/hrdirect/>) _____
(The last four digits of the above HR Employee ID is the verification ID you will use in all communications with the bank)

Employee Status (please circle one) Permanent Employee or Contracted Employee

Department _____

Univ. Address _____

City, State, Zip _____

Work Phone Number (978) _____

Fund Number _____ Dept. Number _____ Program Number _____

Project/Grant Number _____
(If Applicable)

Speedtype Number _____

Requested Single Transaction Limit _____
(You may request a Single Transaction Limit up to \$2500 – may not be used for equipment >\$1000) (If not filled in will default to \$1000)

Requested Monthly Credit Limit _____
(If not filled in will default to same amount as single transaction limit)

Applicant/Cardholder Signature Date

***Funding Source Signatory Date**
Authorization for Applicant to Obtain Procard
(if applicant is authorized signor of the funding source, the signature is required of the applicant's immediate supervisor, or if applicable, the Office of Research Administration)

* Signature indicates agreement to review the cardholder's Monthly Reconciliation (procard log, statement, receipts) and indicate approval by signing off on the Procard Log. Sign-off will indicate an awareness that all transactions fall within University policy. Also, sign-off will indicate ownership of the associated expenses on a departmental level.

Please send to: Allison Richards/ProCard Manager, Purchasing Office, Wannalancit 415, fax 3004.