

# UMASS LOWELL PROCARD

**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 \_\_\_\_\_

Speedtype Number \_\_\_\_\_

## **GENERAL PROCUREMENT**

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 \$1,000)

Requested Monthly  
Credit Limit \_\_\_\_\_  
(if not filled in will default to \$1,000)

\_\_\_\_\_  
Applicant 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)

## **TRAVEL**

Requested Single  
Transaction Limit \_\_\_\_\_  
(if not filled in will default to \$1,000)

Requested Monthly  
Credit Limit \_\_\_\_\_

\_\_\_\_\_  
Applicant 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.