

# 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 \_\_\_\_\_

Mother's Maiden Name or Password \_\_\_\_\_

S.S. #           xxx-xx-\_\_\_\_\_

(last four digits of SS# or other four digit code you will remember for use in all communications with the bank when prompted for your SS#)

Birth Month and Year (mm/yyyy)   \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

(or other month/year (*date must make you at least 18 yrs. old*) that you will remember for use in all communications with the bank when prompted for your Birth Month and Year)

Department \_\_\_\_\_

Univ. Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone Number (978) \_\_\_\_\_

Employee ID #        \_\_\_\_\_

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

Fund Number   \_\_\_\_\_ Dept. Number \_\_\_\_\_ Program 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, DU204, fax 3004.