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**UNIVERSITY OF MASSACHUSETTS DARTMOUTH
PURCHASING DEPARTMENT
Citi Bank**

Procard Application/Change Form

Please forward completed forms to the Procard Manager, Administrative Services Department.

Account Number - Last 6 Digits: XXXX XXXX XX__

University Division or College: _____
2nd Row Embossing (Department Name/Project Name): _____

(To appear on face of card below name)

Cardholder Name: _____ Email address: _____
Address Line 1: (Department) _____ Business Phone: _____
Address Line 2: (Campus Address) _____
City, State, Zip Code: _____

Cardholder HR Employee ID Number: _____

Cardholder Limits - To be completed by the Budget Administrator (Department Head):

Other MCGG: _____

Purchasing MCGG950:

Spending Limit Per Month (<=\$5,000): \$ _____

Single Purchase Limit (<=\$1,000): \$ _____

Purchases Per Day Limit: _____

Purchases Per Month Limit: _____

Travel MCGG951:

Spending Limit Per Month (<=\$5,000): \$ _____

Single Purchase Limit (<=\$2,500): \$ _____

Purchases Per Day Limit: _____

Purchases Per Month Limit: _____ 0

- 734291 Supplies 734292 SMAST 744201 Maintenance Supplies
 741810 Research Supplies
 Other _____

PeopleSoft Speed Type: _____

Fund: _____ Department ID: _____ Program: _____ Project/Grant: _____aaaaaaaa

Name of Procard Proxy for Reallocation: _____ Phone: _____

Name of Procard Records Manager: _____ Phone: _____

Cardholder Signature: _____ **Date:** _____

Budget Administrator (Print): _____
(Dept. Head, Dean, Vice Chancellor)

Budget Administrator (Signature): _____ Date: _____

Approved By: _____ Date: _____
Budget Office/ Foundation Accounting/ Grant Office

Budget/ Contract/ Grant Expiration Date: _____

Do not write below this line

Received: _____ Default single purchase limit: _____ Overall monthly limit: _____

Processed: _____ Hierarchy: _____ Email address added to List Serve: _____