### PROCARD AGREEMENT CHANGE FORM

**[ ]  CSUSM [ ]  UARSC**

**[ ]  Temporary Monthly Limit Increase [ ]  New Approving Official**

**[ ]  Permanent Single Purchase Limit Increase** **[ ]  Change PS Default Chartfield String**

**[ ]  Permanent Monthly Limit Increase** **[ ]  Name Change – From:**

**[ ]  Declining Balance ProCard Value Increase Indicate new name in “Cardholder Name” below**

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| --- |
| ***Please complete and send to Procurement Services, Attn: ProCard Administrator or send via email to*** ***procard@csusm.edu******.* UARSC please forward to your UARSC Administrator.** |
| **CARDHOLDER NAME (First , Middle Initial, Last)** | **EMPLOYEE ID#** | **PHONE EXTENSION** |
|        |       |      |
| **DEPARTMENT NAME**       |  **NAME OF NEW APPROVING OFFICIAL (with fiscal authority for this dept.)**       |
| **PS DEFAULT** | **Account** | **Fund** | **Dept.** | **Program** | **Class** | **Project** |
|  |  |  |  |  |  |  |
|  **LIMIT INCREASE REQUEST****[ ]  DB ProCard** Total Value Increase Requested:       **[ ]  TEMPORARY**  Term:      (3 month maximum) Monthly Purchase Increase Requested:      **[ ]  PERMANENT** Single Purchase Increase Requested:       Monthly Purchase Increase Requested:       **Reason for limit increase:** |
| *[ ]  I understand this changes my Approving Official.* *[ ]  I understand this request increases my single/monthly/yearly purchase limit. Permanent increases will be reviewed* *annually for appropriateness by the ProCard Administrator.* *[ ]  I understand a new card will be issued in my new name.**[ ]  I understand this changes my Default Chartfield String.**I understand that non-adherence to any responsibilities or procedures outlined in the ProCard Manual may result in the revocation of my Cardholder privileges.****Cardholder Signature:***✍ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **APPROVING OFFICIAL**  |
| * *I understand and accept the responsibilities of a ProCard Approving Official, as described in the ProCard Manual.*
* *I agree to review and approve the Cardholder’s Monthly Transaction Report, overseeing that the transactions are appropriate and in compliance with ProCard policies and that the corresponding documents are accurate, complete, and kept on file in the department for a period of five years.*
* *I agree to assume the Cardholder’s monthly ProCard responsibilities in the event that he/she is unable to do so.*

**By signing below, I hereby grant to the individual listed above fiscal authority to make purchases using a ProCard.****A*pproving Official Signature****:* ✍ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **PROCARD ADMINISTRATOR** |
| ***ProCard Administrator Signature****:*✍\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |