



Appendix II: ProCard Agreement Change Form

New Approving Official
Permanent Single Purchase Limit Increase
Permanent Monthly Limit Increase

Change PS Default Chartfield String
Name Change – From:
 Indicate new name in “Cardholder Name” below

Please complete and send to the ASI ProCard 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.	Class
<u>PERMANENT LIMIT INCREASE REQUEST</u>				
<input type="checkbox"/> PERMANENT Single Purchase Limit: _____ Monthly Purchase Limit: _____ Reason for permanent limit increase: _____				
<input type="checkbox"/> I understand this changes my Approving Official. <input type="checkbox"/> I understand this request increases my single/monthly purchase limit. <input type="checkbox"/> I understand a new card will be issued in my new name. <input type="checkbox"/> 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: <i>✍</i> _____ Date: _____				
APPROVING OFFICIAL				
<ul style="list-style-type: none"> • 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. <p>By signing below, I hereby grant fiscal authority to make purchases using the ProCard ONLY to the Cardholder for the above listed PS Default.</p> Approving Official Signature: <i>✍</i> _____ Date: _____				
PROCARD ADMINISTRATOR				
ProCard Administrator Signature: <i>✍</i> _____ Date: _____				