# Corporate Number 6143 University of Connecticut Procurement Card Application/Change Form

Please check one:						
□ New □ Change	☐ Delete/Close	Cardho	 lder Account #			
Cardholder Information (To be completed by the Cardholder)						
		•	Ž	· · · · · · · · · · · · · · · · · · ·	ID#   Net ID	
				123 -		
Name Line 1: Cardholder Name (Up to 24 Characters)						
Address Line 1:				Access Co	Access Code *	
Department Name (up to 35 Characters)						
Address Line 2:				* Please create a unique 4 digit alpha/numeric		
Department Address					access code not already used as an identifier on your application.	
( ) -						
City, State, Zip Phone Number				Email Address:		
Na	Cardholder Personal www.requirement by Office of the control of t				ase	
110	w requirement by Office (	oj i oreign iisseis Com	101 (01 11C) & 31			
Home Address Line 1:				Date of Birth		
				Date of Birtii		
City	State , Zip Code			Country	Country of Citizenship	
Cardholder Controls (To be completed by Reporting Authority)						
\$	\$	•				
Single Purchase Limit, if Less Limit per month, if Less than than \$4,999.00 \$10,000.00 Than 20				ess Transactions per cycle, if less than 100		
MCC Group ☐ Include ☐ Exclude UC (Merchant Category Code Group)						
Cardholder Approvals						
		•				
Cardholder Name (Please Print) Cardholder Signature Date						
Caranetary 2.g. and						
Cardholder Next Level Supervisor's Name (print)  Cardholder Next Level Supervisor's Net ID						
Printed Name (*Reporting Authority Approval)  Signature (*Reporting Authority Approval)  Date						
Purchasing Department Use Only						
Reporting Hierarchy Levels (Required Information)						
Level 6 Name (i.e. Approving Official)  Level 6 Number						
Reporting Hierarchy	Level 2 (i.e. Region)	Level 3 (i.e. Region)	Level 4 (i.e.	Sub-Unit)	Level 5 (i.e. Fin. Office)	
1 0 7	( 5 )			,	,	
☐ Application Approved						
Application Apploved	Signature Procurement Card Administrator Date Approved			Bank Date		
D A						
☐ Application Denied	Signature Procurement Card Administrator Reason Denied				Date	
Post Approval (Required for New Card Issues)						
I acknowledge receipt of one (1) University of Connecticut Procurement Card and receipt of all applicable training materials and agree						
to utilize the card in accordance with the procedures outlined in these materials and as presented in the mandatory training session.						

Date of Receipt

Signature of Cardholder

#### INSTRUCTIONS FOR USE

A Procurement Card Application must be completed for each new cardholder and to authorize changes to an existing application.

The cardholder account number shown on the upper right hand corner of the application will be assigned by the issuing bank when processing your application.

### **Cardholder Information:** (Please complete the following)

- Cardholder name, department name, address, and telephone number.
- The Bank requires the Cardholder's social security number, date of birth and mother's maiden name. **HOWEVER**,
  - The information is for identification purposes only. In order to keep your personal information confidential, you should enter your employee ID as the last six digits of the SS#. In the space for mother's maiden name you should supply any 4 character alpha/numeric password. Be sure you keep track of what you use because you will need to know this information to activate or access your account information with the bank. When the bank asks for the last 4 digits of the SS# the cardholder should supply the last 4 digits of their Employee ID number.
- Cardholder Controls: (*This information must be completed and countersigned by the reporting authority\**)

  This information specifies the individual limits and controls to be set on each individual card, and shall be completed **ONLY** if you wish to reduce the standard purchase limits and/or transactions for the individual cardholder.
- MCC Group is a listing of items that have been restricted from purchase under this program. (*Do not complete this information. It will be completed by the Procurement Card Administrator*).

## **Cardholder Approvals:**

- Approval signatures are required from both the cardholder and the designated Reporting Authority.\*
- A Next Level Supervisor can be defined as the person who the cardholder immediately reports to.

**Purchasing Department Use Only** (*This section is to be completed by the Procurement Card Program Administrator only*):

- Reporting hierarchy is a numerical sequence required by the issuing bank which enables us to manage information on the Procurement Card program. The hierarchy generally resembles the organizational structure.
- Applications are approved and/or disapproved by the Procurement Card Administrator then sent to issuing bank for processing.

### **Post Approval:** (prior to card issue)

• The cardholder shall be required to return to Purchasing to pick-up their card, sign a cardholder agreement form and sign a written acknowledgement verifying receipt of card and confirming their attendance at the mandatory training session.

(\* The reporting authority is defined as the Dean, Director or Department Head)

If you have questions on completing this form, please contact Nancy Patrylak, Procurement Card Administrator at 860-486-2622 or Elise Fiorentino @ 860-486-5924