

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

Please check one:

New     Change     Delete/Close

Cardholder Account # \_\_\_\_\_

**Cardholder Information** *(To be completed by the Cardholder)*

<p>Name Line 1: _____  <small>Cardholder Name (Up to 24 Characters)</small></p> <p>Address Line 1: _____  <small>Department Name (up to 35 Characters)</small></p> <p>Address Line 2: _____  <small>Department Address</small></p> <p>_____  <small>City, State, Zip</small></p> <p style="text-align: right;">(    )    -  <small>Phone Number</small></p>	<p>Employee ID #         Net ID          123 -         -    -    -</p> <p>Access Code *          _____</p> <p><small>* Please enter your Mother's maiden name  <b>OR</b> create a 4 digit alpha/numeric password.</small></p> <p>Email Address:          _____</p>
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**Cardholder Personal Information** *(To be completed by the Cardholder)*

*New requirement by Office of Foreign Assets Control (OFAC) & JP Morgan Chase*

Home Address Line 1: _____	Date of Birth: ____ / ____ / ____
_____ <small>City</small>	_____ <small>Country of Citizenship</small>
_____ <small>State</small>	_____ <small>Zip Code</small>

**Cardholder Controls** *(To be completed by Reporting Authority)*

\$ _____ <small>Single Purchase Limit, if Less than \$4,999.00</small>	\$ _____ <small>Limit per month, if Less than \$10,000.00</small>	_____ <small>Authorizations per day, if less than 20</small>	_____ <small>Transactions per cycle, if less than 100</small>
MCC Group <small>(Merchant Category Code Group)</small>	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude UC	

**Cardholder Approvals**

_____ <small>Cardholder Name (Please Print)</small>	_____ <small>Cardholder Signature</small>	_____ <small>Date</small>
_____ <small>Cardholder Next Level Supervisor's Name (print)</small>	_____ <small>Cardholder Next Level Supervisor's Net ID</small>	
_____ <small>Printed Name (*Reporting Authority Approval)</small>	_____ <small>Signature (*Reporting Authority Approval)</small>	_____ <small>Date</small>

**Purchasing Department Use Only**

**Reporting Hierarchy Levels** *(Required Information)*

Level 6 Name (i.e. Approving Official)		Level 6 Number		
<b>Reporting Hierarchy</b>	<b>Level 2 (i.e. Region)</b>	<b>Level 3 (i.e. Region)</b>	<b>Level 4 (i.e. Sub-Unit)</b>	<b>Level 5 (i.e. Fin. Office)</b>

<input type="checkbox"/> Application Approved	_____ <small>Signature Procurement Card Administrator</small>	_____ <small>Date Approved</small>	_____ <small>Bank Date</small>
<input type="checkbox"/> Application Denied	_____ <small>Signature Procurement Card Administrator</small>	_____ <small>Reason Denied</small>	_____ <small>Date</small>

**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.

Signature of Cardholder \_\_\_\_\_

Date of Receipt \_\_\_\_\_

## 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***