

UNIVERSITY OF ALASKA PROCARD APPLICATION FORM

CARDHOLDER INFORMATION (All Fields are Required – TYPE OR PRINT)

Cardholder Name		Work Phone	Social Security Number (not UA employee id number)
Department		E-Mail Address	Date of Birth (mm/dd/yyyy)
Department Address (PO Box or Street)		Mother's Maiden Name or Preferred Password	
City	State	Zip Code + 4	
Reconciler's Name	Reconciler's E-Mail	Reconciler's Phone No.	
Approving Official's Name	Approving Official's E-Mail	Approving Official's Phone No.	

Designated Default Banner Account & Control Information

Fund		Org		Account	
Monthly Credit Limit	Single Purchase Limit	Authorization/Day	Transactions/Month		

Approving Official's Signature

Date (xx/xx/xxxx)

Fiscal Officer Signature (required for single purchase limit in excess of \$2,500)

Date (xx/xx/xxxx)

Information below this line to be completed by Procurement Services

Default Card Limits			
MCC Group	UAPURCH		
Reporting Hierarchy			
Level 2 (MAU)		D-Level Org from FTIORGH	
Procurement Card Administration Use Only			
MAU Card Issuance Approval			
Name _____ (Please Print)	Signature _____	Date _____	

**APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNED
APPROVING OFFICIAL AGREEMENT (SEE PAGE 2)**

Cardholder Applicant Name: _____

APPROVING OFFICIAL AGREEMENT

The appointment as an approving official represents the University’s trust in you and your empowerment as a responsible employee of the University to safeguard and protect its assets.

As an Approving Official, I acknowledge receipt of and agree to comply with my responsibilities as listed in the ProCard Approving Official Program Handbook. I confirm that I have read and understand the provisions in this Handbook and that I will comply with the terms and conditions and subsequent revisions. I understand that the University is liable to Bank One for all charges made by the cardholders including charges made on a lost or stolen card before it is reported lost or stolen and that this liability is passed down to my department. I further understand that any allowable charges made by the Cardholders within my department are the liability of my department.

As an Approving Official for the University of Alaska Fairbanks ProCard Program, I understand that I am the control point for the integrity of the Program and protection of my department’s budgets through the review of my Cardholders’ Statement of Account. I will review all transactions made by cardholders monthly, ensure original documentation is matched to Cardholder Statements, take appropriate action should violations occur, and sign all Monthly Cardholder Statement of Accounts.

I understand that the card is the property of the University, assigned to cardholders in my department and that, in the event of willful or negligent default of the Cardholder obligations, the University shall take any recovery action deemed appropriate that is permitted by law. Furthermore, I agree to notify the ProCard Program Administrator immediately in the event that I or any Cardholder under my ProCard approving authority is transferred from the department or is no longer employed by the University.

I understand and accept the following Approving Official’s responsibilities:

- I will review the monthly Statement of Account for the above named Cardholder who had transactions during the cycle to ensure:
 - Proper department procurement procedures are followed
 - Appropriate documentation (logs, receipt) are kept
 - Explanations of variances between invoices and charges are included
 - Purchases are not prohibited ProCard transactions
- I will sign all monthly Statements of Account.
- I will take appropriate action for violations by:
 - Informing cardholder of problem and consequences of violation
 - Informing Program Administrator of transfer or terminations of this or any other cardholder, and/or transfer, termination, or designation of myself as an Approving Official.

APPROVING OFFICIAL:

Signature: _____

Date _____

Print Name: _____

Phone No. _____

Department: _____

E-Mail _____