



# Procurement Card Application Form

Check Box if this is only an update to an existing application

Section 1-Cardholder Information			
Cardholder Name / Title		UCR Employee ID Number (8 digits)	
Department Name		UCR Net ID	
UCR Department/Work Address  Building/Room#: _____ City/State/Zip Code: _____		Department Code D0	
		Work Phone	
		Email address <span style="float: right;">@ucr.edu</span>	
Section 2-Cardholder Limits			
Per Transaction \$	<input type="text"/>	Maximum is \$5,000	Transactions per day <input type="text"/> Maximum is 99
Per Cycle \$	<input type="text"/>	Maximum is \$50,000	Transactions per cycle <input type="text"/> Maximum is 999
Section 3-Reviewer Information*			
Name		Job Title	
Department Address		Phone number x2-	
Email address @ucr.edu		UCR Net ID	
Section 4-Departmental Card Administrator (DCA)*			
Name		Job Title	
Department Address		Phone number x2-	
Email address @ucr.edu		UCR Net ID	
Section 5-Approval: By signing this form you agree to comply with all Procurement Card requirements			
Cardholder Name		Cardholder Signature/Date	
Department Head (or Designated Financial Manager) Name		Department Head (or Financial Manager) Signature/Date	
<i>Note: Funds with end dates (e.g. Contracts and Grants) are not allowed as the default FAU)</i>			
Default FAU # 7 8 0 3 1 5 _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Account</span> <span>Activity</span> <span>Fund</span> <span>Function</span> <span>CC</span> <span>PC</span> </div>			
Section 6-For ProCard Administrator Use Only			
Account Number _____ - _____ - _____ - _____			Expiration Date
Date Card Rec'd	Processed by:		ProCard Administrator (PCA) Signature
Card Signature Verification /Initials		Division #	Org #
			ACAN

\*Notify ProCard Administrator of role changes via email immediately