



# 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 <span style="float: right;">@ucr.edu</span>		UCR Net ID			
Section 4-Departmental Card Administrator (DCA)*					
Name		Job Title			
Department Address		Phone number x2-			
Email address <span style="float: right;">@ucr.edu</span>		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-between; width: 100%;"> <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