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*)

Name Line 1: _____
Cardholder Name (Up to 24 Characters)

Address Line 1: _____
Department Name (up to 35 Characters)

Address Line 2: _____
Department Address

_____   (___) ___ - ___
City, State, Zip   Phone Number

Employee ID # | Net ID

123 - _ _ _ _ _ | _ _ _ _

Access Code *
_____

* Please create a unique 4 digit alpha/numeric access code not already used as an identifier on your application.

Email Address:
_____

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: _____

_____ , _____ , _ _ _ _ _ - _ _ _ _
City   State   Zip Code

_ _ / _ _ / _ _
Date of Birth

_____
Country of Citizenship

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

$ _____
Single Purchase Limit, if Less than $4,999.00

$ _____
Limit per month, if Less than $10,000.00

_____
Authorizations per day, if less than 20

_____
Transactions per cycle, if less than 100

MCC Group
(Merchant Category Code Group)   ❑ Include   ❑ Exclude UC

Cardholder Approvals

_____   _____   _____
Cardholder Name (Please Print)   Cardholder Signature   Date

_____   _____
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)

❑ Application Approved
_____   _____   _____
Signature Procurement Card Administrator   Date Approved   Bank Date

❑ 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.

_____   _____
Signature of Cardholder   Date of Receipt

Rev. 9/24/2024

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 pcard@uconn.edu.
Completed forms can be sent via email or mail.

Procurement Services
3 Discovery Drive, Unit 6076
Storrs, CT 06269