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Last Name

First Name

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**UNIVERSITY OF MASSACHUSETTS SYSTEM OFFICE  
PROCARD APPLICATION FORM**

Complete and return to Deb Fisher, Purchasing Office, 333 South St, Shrewsbury, MA 01545

Cardholder Name: \_\_\_\_\_

Department and Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Spending Limit Per Month: \_\_\_\_\_

To be reallocated by: \_\_\_\_\_

Single Purchase Limit: \_\_\_\_\_

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CHARTFIELD INFORMATION

SPEEDTYPE (6)

DEPT ID(10)

PROGRAM (03)

PROJECT/GRANT(15)

FUND(5)

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DEPARTMENTAL INFORMATION AND SIGNATURES

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Manager - By signing this application you agree to the responsibility of informing the Procard Manager in writing when an employee's account needs to be cancelled or changed (i.e, termination, roll off, card not needed, etc.)**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor/Manager

Supervisor/Manager (Print Name)

\_\_\_\_\_

Fund Administrator (if other than Supervisor)

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