

**ProCard Program
New Cardholder Account Form**

Section 1: Cardholder Information

Cardholder Name: _____
 Job Title: _____ Department Name: _____
 Address (Box No.): _____
 City, State, Zip: _____
 Phone: _____ Email Address: _____
 Month and Day of Birth (MM/DD): _____ Employee ID: _____

Chartfield Information				
Fund	Department	Cost Center	Project ID	Function

Section 2: Role Assignments

1. Reconciler

Cardholder Name: _____
 Employee ID: _____ Email: _____

Reconciler Information		
Reconciler Name	Reconciler Employee ID #	Email Address
1.		
2.		

2. Reviewer

Cardholder Name: _____
 Employee ID: _____ Email: _____

Reviewer Information		
Reviewer Name	Reviewer Employee ID #	Email Address
1.		
2.		

All Cardholders, Reconcilers, and Reviewers will be automatically subscribed to the Payment Card Services electronic mailing system (LISTSERV) maintained by Payment Card Services to receive ProCard Communications.

Applicant Signature: _____ Date: _____
 Reconciler Signature: _____ Date: _____
 Reviewer Signature: _____ Date: _____

For Procurement Services Use Only

Card Number: _____ Expiration Date: _____