

TTU / FOUNDATION PROCARD REQUEST

To be signed by the Appropriate Dean /Administrative Officer responsible for the Budgetary Account.
 (This is the Responsible Person (or designee) for the Banner Org in Question.)
 Complete one form for each cardholder. Each person is limited to five (5) cards.

Cardholder Name (please print): _____

Employee # **T** _____ Email: _____

Department Name: _____

Departmental Representative (person doing reallocations): _____

Box Number: _____ Cardholder's Business Phone: _____

Cardholder's Home Phone: _____

I am authorizing _____ to receive a University / Foundation Visa
 Cardholder's Name (As it will appear on the Procard)

Procard for the department of _____ for the account
 Department Name

number(s) listed below.

 Approved by (Director, Dept. Chairperson, Principal Investigator) Date

 Approved by (Dean / Administrative Officer) Date

Use of the card is restricted to purchases in accordance with the terms and conditions outlined in the Procard User's Manual.

THERE IS A LIMIT OF FIVE PROCARDS PER EMPLOYEE

Default Index Code (Limit Five Per Employee)	Requested Monthly Credit Limit: (Check one for each account number/Procard)*						Other
_____	\$1,000	\$1,500	\$2,000	\$5,000	\$8,000	\$10,000	_____
_____	\$1,000	\$1,500	\$2,000	\$5,000	\$8,000	\$10,000	_____
_____	\$1,000	\$1,500	\$2,000	\$5,000	\$8,000	\$10,000	_____
_____	\$1,000	\$1,500	\$2,000	\$5,000	\$8,000	\$10,000	_____
_____	\$1,000	\$1,500	\$2,000	\$5,000	\$8,000	\$10,000	_____

* (If an amount is not indicated, the account will automatically be set at \$5,000.)

Return signed form to the Procard Program Administrator, Purchasing Office, Box 5041.