

Gift Card Procard Request

New Card Request	Update Speed Type	Add Additional Funds	Cancel Card
Date:	Last 4 digits of card # (for change/canc requests)		
Department Contact			
Approved amount to date	Additional Amount being requested	Total Approved Amount	
Speed Type #	Account # 742000	IRB #	
Card nickname			
Cardholder Name			
Cardholder Empl ID #	Phone		
Address (Dept, Room #, Street Address)			
<i>By approving the issuance of a Procard for a designated Cardholder, the Signers agree to be responsible for all charges made with the credit card account.</i>			
Cardholder Signature			
PI Signature			
			<i>Print Name</i>
Dept Head or Academic Administrator			
			<i>Print Name</i>
Required: Additional information – please attach an additional document if more space is needed			
Please provide the purpose/ justification for the (cards) amount being requested			
How will cards be purchased?			
How and where will cards be secured in Department?			
How and when will cards be distributed?			
Completed and signed forms should be emailed to purchasing@umassmed.edu			
The following section is for Central Office Use only – Fund Approvers			
Restricted Fund Approval:			

