## **Gift Card Procard Request**

New Card Request			ed Type	Type Add Addition		nal Funds	Cancel Card		
Date:	Last 4 digits of card # (for change/ca				ıc				
Daniel de la contract	requests)								
Department Contact									
Approved amount to date		Additional Amount being requeste			sted	Total Approved Amount			
Speed Type #		Account # 742000			IRB#				
						1110 "			
Card nickname									
Cardholder Name									
Cardiloluci ivallie									
Cardholder Empl ID #			Phone						
Address (Dept, Room #, Street Address									
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.									
Cardholder Signature	<b>,</b>								
DI 0:					1				
PI Signature									
					Print I	Name			
Dept Head or Academic									
Administrator					Print I	Name			
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?									
purchaseur									
How and where will cards									
be secured in									
Department?									
How and when will cards									
be distributed?									
Completed and signed forms should be emailed to <u>purchasing@umassmed.edu</u>									
-				ntral Office Use o			<u>'</u>		
Restricted Fund Approval:									

## **Gift Card Procard Request**

Log to record card distribution after purchase

Departments are required to maintain a log of gift card recipients as backup for the Procard statement. A sample log is included with this application for your convenience. Logs MUST include the signature of the Cardholder, PI and Department Head or Academic Administrator.

Date	Session #	\$\$ Amount Distributed	RA Initials	Participant #/ID