

# PROCARD RECONCILER / APPROVER CHANGE SHEET

**Reminder:** The approver of a ProCard must not be a subordinate in the direct reporting line of the cardholder. The approver's responsibility is to verify that purchases are appropriate for the funding source and are for the benefit of the university. In order to best perform these duties, the approver must have the authority to question any transaction and report any violations as necessary.

## Setup New Reconciler/ Approver

Name: \_\_\_\_\_ User ID: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Reconciler

Approver

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

## Remove Reconciler/ Approver

Name: \_\_\_\_\_ User ID: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Reconciler

Approver

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

## Assigned Card(s) (Please use another sheet if needed)

**Cardholder / Responsible Party**

**Employee ID**

**Card(s) last eight digits**

Cardholder / Responsible Party	Employee ID	Card(s) last eight digits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Reconciler

I agree to oversee this ProCard, reconcile transactions, and reallocate charges as needed according to University budget and expenditure specifications and in accordance with any applicable Sponsor budget and/or expenditure specifications/limitations if this is a GRNT Chartfield.

\_\_\_\_\_  
Reconciler Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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## Approver (Cannot be the Cardholder)

I agree to oversee this ProCard and approve charges as needed according to University budget and expenditure specifications and in accordance with any applicable Sponsor budget and/or expenditure specifications/limitations if this is a GRNT Chartfield.

\_\_\_\_\_  
Approver Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Principal Investigator / Responsible Party

I authorize the above stated individual(s) to monitor and reallocate/approve charges for the Chartfield specified above in accordance with University and, if applicable, Sponsor's budget and/or expenditure specifications / limitations. I understand that this does not relieve me of my fiscal responsibility for this Chartfield.

\_\_\_\_\_  
Principal Investigator / Responsible Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Director / Department Chair

I authorize the above named individual(s) to carry out the duties and responsibilities outlined on this change sheet as well as those detailed in the ProCard Policies and Procedures.

\_\_\_\_\_  
Director / Dept Chair Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

Title \_\_\_\_\_

## Dean / Vice President (Not Required for School of Medicine)

I authorize the above named individual(s) to carry out the duties and responsibilities outlined on this change sheet as well as those detailed in the ProCard Policies and Procedures.

\_\_\_\_\_  
Dean / Vice President Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Purchasing Approval :** Name \_\_\_\_\_ Date \_\_\_\_\_