

ProCard Proxy/Funding Reviewer/Approver Change Sheet

Proxy (PS role Proreview_V)

I agree to provide the business purpose, attach documentation and provide funding sources (if applicable) 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.

Proxy Signature

Printed Name

Date

Funding Reviewer (PS role Prorecon_V)

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.

Funding Reviewer Signature

Printed Name

Date

Approver (Cannot be the Cardholder) (PS role Proapprove_V)

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

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/Department 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

ProCard Dept. Approval: Name _____ Date _____

Email notifications changed in ActivePay Date _____