ProCard Proxy/Funding Reviewer/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 will have the authority to question any transaction and report any violations as necessary.

Approver	
Approver	
essary)	
Employee ID	Card(s) last 8 digits
	Approver

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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 Date

ProCard Dept. Approval: Name

Email notifications changed in ActivePay Date_____ OnBase MAR updated Date____

Updated 1/3/2019