

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.

Type of Request:

Select one:

Set up new: Reconciler Approver Non-PeopleSoft Approver

Name: _____ User ID: _____

Select one:

Remove: Reconciler Approver Non-PeopleSoft Approver

Name: _____ User ID: _____

Assigned Card(s) (Please use another sheet if necessary)

Cardholder <i>LAST</i> Name	Employee ID	Card(s) last 8 digits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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

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

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

ProCard Dept. Approval : Name _____ Date _____

Email notifications changed in Active Pay

Date _____

Updated 11/29/2016