



# Smartsheet ProCard Forms

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<https://louisville.edu/procard/forms>

## Agenda

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- Introductions
- New Smartsheet ProCard Forms
- Accessing the Forms
- How to Fill Out Each Form
  - Approval Routing
- Questions

## ProCard Staff

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Main Office Line  
 852-9058     [procard@louisville.edu](mailto:procard@louisville.edu)



## New Smartsheet ProCard Forms

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- Forms that have been converted to a Smartsheet form:
  - Billing Address Change
  - Certificate of Destruction
  - Lost or Stolen Card Notification Form
  - Grant Renewal Form
  - Default SpeedType/Account Code Change Form
  - Spending Limit Change Form
  - PNC Dispute Form
  - Employee Usage Agreement
- For those responsible for approving Spending Limit Change Forms and Default SpeedType/Account Code Change Forms, there will be a new approval routing process where a link will be shared via email for the approver to click on and approve/deny the request.

New forms will be available **July 1<sup>st</sup>**!

## Accessing the Forms

- You can access the forms as before on our ProCard forms page.

<https://louisville.edu/procard/forms>

- The hyperlink for the eight forms mentioned will be updated to link to Smartsheet.

### Procurement Card

Home

- Amazon Business
- ProCard Benefits
- Policies & Procedures
- Testing and Training
- Compliance Information & Procedures
- Pocket Guide
- ProCard FAQs
- Fuel Card Program - WEX
- Forms**
- Fuel Card Dispute Form
- Sign In/Out Log
- PNC Dispute Form
- Audit Checklist
- ProCard Application
- Proxy Statement
- Sample TSL
- ProCard Reallocation and Approval Schedule through 12/31/2022
- Missing Receipt Form
- Vehicle Coordinator Agreement Form
- UofL Fuel Card Pin Request Form
- UofL Fuel Card Request Form

Home / Forms

## ProCard and Fuel Card Forms

**ProCard Forms**

[Audit Checklist](#) - to be used by departments when conducting their own internal reviews of ProCards

[Billing Address Change](#)

[Application for ProCard](#) - once the ProCard Office receives the required paperwork, a new card will arrive within 3-5 business days.

[Certificate of Destruction](#)

[Component Purchases Resulting in Equipment in Excess of \\$1000](#)

[Default Speedtype/Account Change Form](#) - do not use this form for grant renewals

[Disputed Items Form](#)

[Employee Usage Agreement](#)

[Equipment Purchases in Excess of \\$1,000](#)

[Grant Renewal Form](#)

[Hotel Credit Card Authorization Form](#)

[Liaison Monthly Certification Form](#)

[Lost or Stolen Card Notification Form](#)

[Missing Receipt Form](#)

[Proxy Statement for Card Pick-Up](#)

[OnBase Proxy/Funding Reviewer/Approver Change Form](#)

[Reconciliation/approval Cut-Off Dates](#)



# How to Fill Out Each Form

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## Cardholder Details

**Cardholder LAST Name** – the cardholder’s last name

**Cardholder Empl ID #** – the cardholder’s 7-digit employee ID number (this is a number only field)

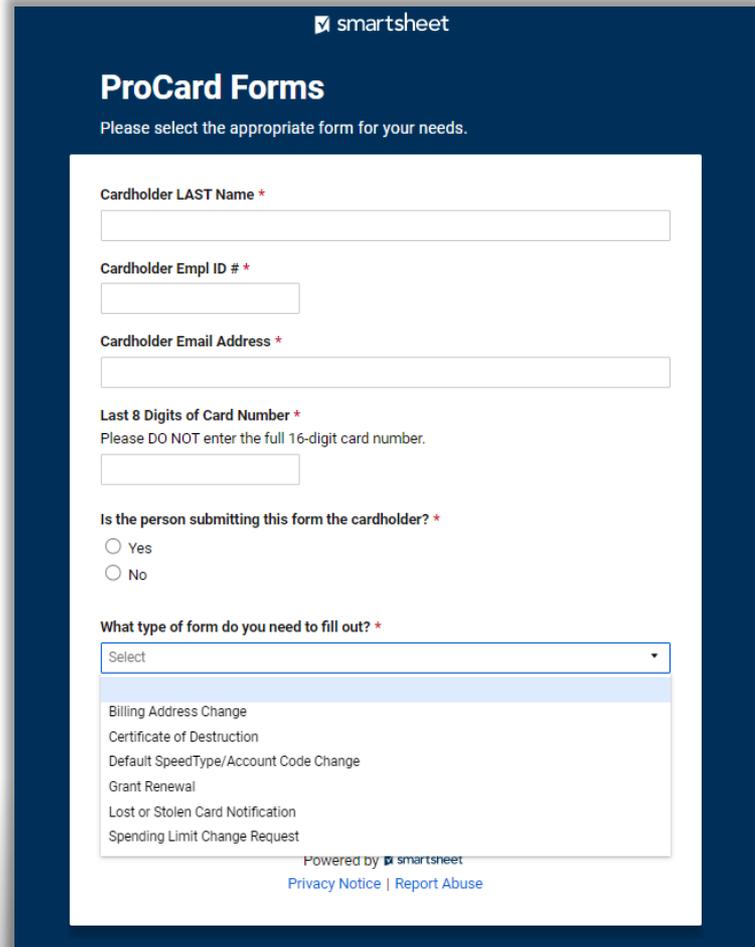
**Cardholder Email Address** – cardholder’s UofL email address (must be in correct email format)

**Last 8 Digits of Card Number** – the last 8 digits of the card number (this is a number only field) – please **DO NOT** enter the full 16-digit card number

**Is the person submitting this form the cardholder?** – Yes or No

If you select **No**, another field will appear for you to enter your email address as the submitter. Only select **No** if you are not also the cardholder.

**What type of form do you need to fill out?** – select from the dropdown list. Once you have selected the form you would like to fill out, additional fields will populate below the dropdown.



smartsheet

### ProCard Forms

Please select the appropriate form for your needs.

**Cardholder LAST Name \***

**Cardholder Empl ID # \***

**Cardholder Email Address \***

**Last 8 Digits of Card Number \***  
Please DO NOT enter the full 16-digit card number.

**Is the person submitting this form the cardholder? \***

Yes

No

**What type of form do you need to fill out? \***

Select

- Billing Address Change
- Certificate of Destruction
- Default SpeedType/Account Code Change
- Grant Renewal
- Lost or Stolen Card Notification
- Spending Limit Change Request

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What type of form do you need to fill out? \*

Billing Address Change X

ProCard Billing Address Change Form

Use this form to notify the ProCard Office of a Billing Address Change. Please note: The Cardholder or Department Name cannot be changed and will remain a part of the Billing Address.

Please contact the ProCard Office if you have questions regarding a name change.

**Address Line 1 \***

**Address Line 2**

**City and State \***

**Postal Code \***

Send me a copy of my responses

## Billing Address Change Form

**Address Line 1** – example: 2211 S Brook St

**Address Line 2 (optional)** – example: Houchens Building, LL07

**City and State** – example: Louisville, KY

**Postal Code** – example: 40292

Check this button and enter your email address in the text field that appears below it if you want a confirmation of the submitted form to be emailed to you.

You may need to check your spam/junk folder.

## Confirmation - ProCard Forms



Smartsheet Forms <forms@app.smartsheet.com>  
To  Schmitt, Brittany Ann

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Thank you for submitting your entry. A copy is included below for your records.

## ProCard Forms

**Cardholder  
LAST Name** Test - Schmitt

**Cardholder  
Empl ID #** 1234567

**Cardholder  
Email Address** [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

**Last 8 Digits of  
Card Number** 12345678

**Is the person  
submitting  
this form the  
cardholder?** Yes

**What type of  
form do you  
need to fill  
out?** Billing Address Change

**Address Line 1** 2211 S Brook St

**Address Line 2** Houchens Building, LL07

**City and State** Louisville, KY

**Postal Code** 40292



## COMPLETED: Billing Address Change Form



ProCard Service Account via Smartsheet <autor  
To Schmitt, Brittany Ann

Reply Reply All Forward

Thu 6/23/2022 2:52 PM

**CAUTION:** This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.



Your submitted Billing Address Change Form has been completed by the ProCard Office. Please see additional comments below. If you have any questions, please email [procard@louisville.edu](mailto:procard@louisville.edu) or call us at 852-9058.

Thank you,  
ProCard Office

### [Billing Address Change Forms](#)

Changes since 6/23/22 11:49 AM

- 1 row changed
- 1 attachment added
- 1 comment added

1 row added or updated (shown in yellow)

Row 21

**Form Request ID** ID-0000134

**Cardholder LAST Name** Test - Schmitt

**Cardholder Empl ID #** 1234567

**Form Status**

**Date Completed** 06/23/22

**Cardholder Email Address** [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

**Last 8 Digits of Card Number** 12345678



## COMPLETED: Billing Address Change Form



ProCard Service Account via Smartsheet <autom>  
To [Schmitt, Brittany Ann](#)

[↶ Reply](#) [↶ Reply All](#) [→ Forward](#) [⋮](#)

Thu 6/23/2022 2:52 PM

**Cardholder Email Address** [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

**Last 8 Digits of Card Number** 12345678

**Submitter Email Address**

**What type of form do you need to fill out?** Billing Address Change

**Address Line 1** 2211 S Brook St

**Address Line 2** Houchens Building, LL07

**City and State** Louisville, KY

**Postal Code** 40292

Changes made by [procard@louisville.edu](mailto:procard@louisville.edu)

1 attachment added

[📎 Schmitt 12345678 Billing Address Change Screenshot 2022-06-23 143422.png \(23k\)](#) added by [procard@louisville.edu](mailto:procard@louisville.edu) on Row 21: Test - Schmitt

1 comment added

Row 21: Test - Schmitt  
Please see attached address as listed in PNC.  
[procard@louisville.edu](mailto:procard@louisville.edu) | 6/23/22 11:50 AM

You are receiving this email because you are subscribed to a workflow "Billing Address Change Form Req

[Exclude your changes from all notifications](#) | [Unsubscribe](#)

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Attachment link

### Cardholder Business Address

Address line 1

2211 S BROOK ST

Address line 2 (optional)

HOUCHENS BLDG, LL07

City

LOUISVILLE

Country or region

United States

State, province or territory

Kentucky

ZIP or postal code

40292

What type of form do you need to fill out? \*

Certificate of Destruction x

ProCard Certificate of Destruction Form

This document is used to certify that the above listed University of Louisville ProCard was destroyed. Please DO NOT send the destroyed card to the ProCard Office.

Reason for canceling: \*

Type of Card \*

Individual

Department

Cancel Card \*

Cancel card. Do NOT reissue.

Cancel card. Order a replacement card.

Card expired. Replacement received.

Send me a copy of my responses

Submit

## Certificate of Destruction

**Reason for canceling** – Provide a short explanation for canceling the card.

**Type of Card** – Individual or Department

**Cancel Card** – Choose from the three options:

Cancel card. Do NOT reissue.

Cancel card. Order a replacement card.

Card expired. Replacement received.

## Confirmation - ProCard Forms



Smartsheet Forms <forms@app.smartsheet.com>  
To Schmitt, Brittany Ann



Thu 6/23/2022 1:54 PM

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### ProCard Forms

**Cardholder**  
**LAST Name** Test - Schmitt

**Cardholder**  
**Empl ID #** 1234567

**Cardholder**  
**Email Address** [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

**Last 8 Digits of**  
**Card Number** 12345678

**Is the person**  
**submitting**  
**this form the**  
**cardholder?** No

**Submitter**  
**Email Address** [s0bolh01@louisville.edu](mailto:s0bolh01@louisville.edu)

**What type of**  
**form do you**  
**need to fill**  
**out?** Certificate of Destruction

**Reason for**  
**canceling:** Test - Card was compromised

**Type of Card** Individual

**Cancel Card** Cancel card. Order a replacement card.

## COMPLETED: ProCard Certificate of Destruction



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↩ Reply
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→ Forward

⋮

Thu 6/23/2022 2:00 PM

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Thank you for completing the COD for Test - Schmitt ProCard ending in 12345678. This card has been CLOSED and a replacement requested. We will let you know once it is available! Please see additional comments below. If you have any questions, please email [procard@louisville.edu](mailto:procard@louisville.edu) or call us at 852-9058.

Thank you,  
ProCard Office

[Certificate of Destruction Forms](#)

Changes since 6/23/22 10:58 AM

1 row changed

1 row added or updated (shown in **yellow**)

Row 26

Form Request ID ID-0000133

Cardholder LAST Name Test - Schmitt

Cardholder Empl ID # 1234567

Form Status

Date Completed 06/23/22

Cardholder Email Address [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

Last 8 Digits of Card Number 12345678

**Reason for canceling:** left University

**Type of Card** Individual

**Cancel Card** Cancel card. Do NOT reissue.

Changes made by [procard@louisville.edu](mailto:procard@louisville.edu)



**1 attachment added**



[MAR - CARDHOLDER - CARD - BILLING CYCLE 5-26-2022 - NEEDS CERTIFICATION.html \(235k\)](#) added by [procard@louisville.edu](mailto:procard@louisville.edu) on Row 11: test



**1 comment added**

Row 11: test

There are currently (1) MAR TO CERTIFY that will require your certification on ONBASE – please see attached.

[procard@louisville.edu](mailto:procard@louisville.edu) | 6/27/22 8:13 AM

What type of form do you need to fill out? \*

Lost or Stolen Card Notification x

Lost or Stolen ProCard Notification Form

If you are submitting this Lost or Stolen form during normal business hours, the ProCard Office will handle requesting a replacement card. If outside normal work hours, please contact PNC Bank at 1-800-685-4039 to immediately deactivate the card and request a new one be sent to the attention of the ProCard Office at the address PNC has on file.

Card Was: \*

Lost

Stolen

Provide explanation of events that preceded the card being lost or stolen \*

Did you call PNC and report the card as Lost/Stolen? \*

Normally, you would only call PNC if the card were lost/stolen after normal business hours. Otherwise, the ProCard Office should be notified first via this form.

Yes

No

For cards presumed to be stolen on campus, was Public Safety notified? \*

Yes

No

N/A

Send me a copy of my responses

Submit

## Lost or Stolen Card Notification Form

**Card Was:** – Lost or Stolen

**Provide explanation of events that preceded the card being lost or stolen –**

Provide a brief explanation of the events (when last used, where last used, where it was stored, etc.)

**Did you call PNC and report the card as Lost/Stolen?** – Yes or No

Normally, you would only call PNC if the card were lost/stolen after normal business hours. Otherwise, the ProCard Office should be notified first via this form.

If you did not call PNC, select **No**

If you did call PNC, select **Yes** and another question will appear.

**Was PNC able to close the card and reissue it or did they request you to reach out to our office?** – Yes or No

Yes, they closed and reissued a new card.

No, a ProCard admin needs to reach out to PNC to reissue a new card.

**For cards presumed to be stolen on campus, was Public Safety notified?** –

Yes, No, N/A

Choose **N/A** if the card was not lost/stolen on campus

# Confirmation - ProCard Forms



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## ProCard Forms

Cardholder  
LAST Name Test - Schmitt

Cardholder  
Empl ID # 1234567

Cardholder  
Email Address [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

Last 8 Digits of  
Card Number 12345678

Is the person  
submitting  
this form the  
cardholder? Yes

What type of  
form do you  
need to fill  
out? Lost or Stolen Card Notification

Card Was: Stolen

Provide  
explanation of

# Confirmation - ProCard Forms



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To Schmitt,Brittany Ann

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Thank you for submitting your entry. A copy is included below for your records.

## ProCard Forms

Cardholder  
LAST Name Test - Schmitt

Cardholder  
Empl ID # 1234567

Cardholder  
Email Address [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

Last 8 Digits of  
Card Number 12345678

Is the person  
submitting  
this form the  
cardholder? Yes

What type of  
form do you  
need to fill  
out? Lost or Stolen Card Notification

Card Was: Stolen

Provide  
explanation of  
events that  
preceded the  
card being lost  
or stolen Test - Car was broken into and purse was stolen.

Did you call  
PNC and  
report the  
card as  
Lost/Stolen? Yes

Was PNC able  
to close the  
card and  
reissue it or  
did they  
request you to  
reach out to  
our office? No, a ProCard admin needs to reach out to PNC to reissue a new card.

For cards  
presumed to  
be stolen on  
campus, was  
Public Safety  
notified? N/A



Provide explanation of events that preceded the card being lost or stolen

Test - Car was broken into and purse was stolen.

Did you call PNC and report the card as Lost/Stolen?

Yes

Was PNC able to close the card and reissue it or did they request you to reach out to our office?

No, a ProCard admin needs to reach out to PNC to reissue a new card.

For cards presumed to be stolen on campus, was Public Safety notified?

N/A

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Thank you for submitting your entry. A copy is included below for your records.

### ProCard Forms

Cardholder LAST Name Test - Schmitt

Cardholder Empl ID # 1234567

Cardholder Email Address [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

Last 8 Digits of Card Number 12345678

Is the person submitting this form the cardholder? Yes

What type of form do you need to fill out? Lost or Stolen Card Notification

Card Was: Stolen

Provide explanation of events that preceded the card being lost or stolen  
Test - Car was broken into and purse was stolen.

Did you call PNC and report the card as Lost/Stolen? Yes

Was PNC able to close the card and reissue it or did they request you to reach out to our office?  
No, a ProCard admin needs to reach out to PNC to reissue a new card.

For cards presumed to be stolen on campus, was Public Safety notified?  
N/A

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# COMPLETED: Lost/Stolen Card Notification Form



ProCard Service Account via Smartsheet <automation@app.

To Schmitt, Brittany Ann



1:34

**CAUTION:** This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.

Thank you so much for submitting the LOST/STOLEN Form for your card ending in 12345678 which has been closed as Stolen and requested to be reissued. We will be in touch as soon as your card is available for pickup!

Should you find any fraudulent transactions on your upcoming PNC billing statement, please note that you have 60 days from the statement date on which the transactions appear to submit a PNC Dispute Form (<https://app.smartsheet.com/b/form/c8d927ffb3614a20a6ea8c5e1d9465c8>).

If you have any questions, please email [procard@louisville.edu](mailto:procard@louisville.edu) or call us at 852-9058.

Thank you,  
ProCard Office

[Lost or Stolen Card Notification Forms](#)

Changes since 6/24/22 10:31 AM

1 row changed

1 row added or updated (shown in yellow)

Row 19

<b>Form Request ID</b>	ID-0000136
<b>Cardholder LAST Name</b>	Test - Schmitt
<b>Cardholder Empl ID #</b>	1234567
<b>Form Status</b>	
<b>Date Completed</b>	06/24/22
<b>Cardholder Email Address</b>	<a href="mailto:baschm06@louisville.edu">baschm06@louisville.edu</a>
<b>Last 8 Digits of Card Number</b>	12345678

What type of form do you need to fill out? \*

Grant Renewal x

### ProCard Grant Renewal Form

Use this form to notify the ProCard Office that a grant end date has been extended. Please note: We cannot update the card until the Office of Grants Management has extended the date in PeopleSoft.

**New Grant Expiration Date \***



**Current SpeedType \***

**New SpeedType \***

**Comments \***

---

Send me a copy of my responses

## Grant Renewal Form

**New Grant Expiration Date** – type in the date using the format MM/DD/YYYY or use the calendar icon to pick the date.

**Current SpeedType** – enter the grant SpeedType currently tied to the card

**New SpeedType** – enter the new grant SpeedType you would like associated with the card

**Comments** – Enter in comments for the request

## Confirmation - ProCard Forms



Smartsheet Forms <forms@app.smartsheet.com>  
To Schmitt, Brittany Ann

Reply
 Reply All
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Thu 6/23/2022

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### smartsheet

Thank you for submitting your entry. A copy is included below for your records.

### ProCard Forms

**Cardholder  
LAST Name** Test - Schmitt

**Cardholder  
Empl ID #** 1234567

**Cardholder  
Email Address** [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

**Last 8 Digits of  
Card Number** 12345678

**Is the person  
submitting  
this form the  
cardholder?** Yes

**What type of  
form do you  
need to fill  
out?** Grant Renewal

**New Grant  
Expiration  
Date** 6/30/2023

**Current  
SpeedType** GB123456

**New  
SpeedType** GB123456A

**Comments** Test - grant renewed for another year.

## COMPLETED: Grant Renewal Form



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Thu 6/23/2022

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ProCard ending in 12345678 has been updated from grant GB123456 to grant GB123456A, with an end date of 06/30/23, and is available to use.

If you have any questions, please email [procard@louisville.edu](mailto:procard@louisville.edu) or call us at 852-9058.

Thank you,  
ProCard Office



Changes since 6/23/22 1:21 PM

1 row changed

1 row added or updated (shown in yellow)

Row 18

**Form Request ID** ID-0000135

**Cardholder LAST Name** Test - Schmitt

**Cardholder Empl ID #** 1234567

**Form Status**

**Date Completed** 06/23/22

**Cardholder Email Address** [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

**Last 8 Digits of Card Number** 12345678

What type of form do you need to fill out? \*

Default SpeedType/Account Code Change X

### ProCard Default Speedtype/Account Change Form

Upon receiving this form, the Department Head/Chair Contact should review and approve/deny the change of default speedtype and/or account number change for the ProCard listed in this request.

Do not use this form for Grant Renewals, please use the **ProCard Grant Renewal Form**.

Please select default change type: \*

- SpeedType  
 Account Code  
 Both

Current default speedtype/account code: \*

NEW speedtype/account code: \*

Reason for Change

Name of Dept Head/Chair who will approve the request: \*

Email address of Dept Head/Chair: \*

Department LFO (for 2nd Approval Routing)

Select or enter value

Send me a copy of my responses

Submit

## Default SpeedType/Account Code Change Form

Please select default change type – SpeedType, Account Code, or Both

Current default speedtype/account code – examples:

If change type is **SpeedType**: 10631

If change type is **Account Code**: 541200

If change type is **Both**: 10631 / 541200

NEW speedtype/account code – examples:

If change type is **SpeedType**: 30339

If change type is **Account Code**: 541300

If change type is **Both**: 30339 / 541300

**Reason for Change** – please provide a brief explanation of the need to change your default SpeedType/Account Code.

**Name of Dept Head/Chair who will approve the request** – first and last name of the Department Head/Chair

**Email address of Dept Head/Chair** – UofL email address; can either be full name email or user ID email – examples below:

Full name email: [brittany.schmitt@louisville.edu](mailto:brittany.schmitt@louisville.edu)

User ID email: [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

**Department LFO (for 2nd Approval Routing)** – you can include an optional 2<sup>nd</sup> LFO approver, and an approval request will be sent to the LFO email contact based on the department you select. The Department LFOs listed on the form are based on the [Schedule of Lead Fiscal Officers](#).

## Confirmation - ProCard Forms



Smartsheet Forms <forms@app.smartsheet.com>

To  Schmitt, Brittany Ann

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Thank you for submitting your entry. A copy is included below for your records.

### ProCard Forms

**Cardholder LAST Name** Test - Schmitt

**Cardholder Empl ID #** 1234567

**Cardholder Email Address** [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

**Last 8 Digits of Card Number** 12345678

**Is the person submitting this form the cardholder?** Yes

**What type of form do you need to fill out?** Default SpeedType/Account Code Change

**Please select default change type:** SpeedType

**Current default speedtype/account code:** 10631

**NEW speedtype/account code:** 30339

**Reason for Change** Test - need to change the default SpeedType due to updated purchasing on ProCard is mainly being used for new SpeedType.

**Name of Dept Head/Chair who will approve the request:** Test - Jennifer Steier

**Email address of Dept Head/Chair:** [capssys@louisville.edu](mailto:capssys@louisville.edu)

**Department LFO (for 2nd Approval Routing)** CFO - Finance (15)

APPROVAL NEEDED: Default SpeedType/Account Code Char



ProCard Service Account via Smartsheet <automation@app.smartsheet.com>  
To CAPS Systems

CAUTION: This email originated from outside of our organization. Do not click links, open attachments, or

Please review the below request and advise approval/denial.

[View Request](#)

Row 21

Form Request ID	ID-0000143
Cardholder LAST Name	Test - Schmitt
Cardholder Empl ID #	1234567
Cardholder Email Address	<a href="mailto:baschm06@louisville.edu">baschm06@louisville.edu</a>
Last 8 Digits of Card Number	12345678
Submitter Email Address	
What type of form do you need to fill out?	Default SpeedType/Account Code Change
Name of Dept Head/Chair	Test - Jennifer Steier
Department	

smartsheet

## APPROVAL NEEDED: Default SpeedType/Account Code Change Form

Please review the below request and advise approval/denial.

Form Request ID  
ID-0000143

Cardholder LAST Name  
Test - Schmitt

Cardholder Empl ID #  
1234567

Cardholder Email Address  
[baschm06@louisville.edu](mailto:baschm06@louisville.edu)

Last 8 Digits of Card Number  
12345678

Submitter Email Address

What type of form do you need to fill out?  
Default SpeedType/Account Code Change

Name of Dept Head/Chair  
Test - Jennifer Steier

Decline

Approve

## Department Head/Chair Approval Routing

The Department Head/Chair you list on the form will receive an email with a link to approve or deny the request. If you do not choose a 2<sup>nd</sup> approver:

- If approved, the cardholder, submitter, approver, and ProCard Office will be notified via email that the request was approved.
- If denied, the cardholder, submitter, approver, and ProCard Office will be notified via email that the request was denied. The cardholder/submitter can follow up with the approver or ProCard office should they have any questions about their request being denied.
- Once approved, the ProCard Office will process the form, then the cardholder, submitter, and approver will receive an email letting them know the form was completed by our office.

2ND APPROVAL NEEDED: Default SpeedType/Account Code Change Form

ProCard Service Account via Smartsheet <z  
To Schmitt, Brittany Ann Wed 6/28

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

**Unless you recognize the sender's email address and know the contents are safe.**

The cardholder/submitter included your LFO contact as a second approver for this form request. The Department Head/Chair has approved this request and now your approval is needed. Please review the below request and advise approval/denial.

[View Request](#)

Form Request ID	ID-0000143
Cardholder LAST Name	Test - Schmitt
Cardholder Empl ID #	1234567
Cardholder Email Address	<a href="mailto:baschm06@louisville.edu">baschm06@louisville.edu</a>
Last 8 Digits of Card Number	12345678
Submitter Email Address	
What type of form do you need to fill out?	Default SpeedType/Account Code Change
Name of Dept Head/Chair	Test - Jennifer Steier
Department Head/Chair Email	<a href="mailto:caspsvs@louisville.edu">caspsvs@louisville.edu</a>
Approval Status	Approved
Please select default change type:	Both

smartsheet

**2ND APPROVAL NEEDED:  
Default SpeedType/Account  
Code Change Form**

The cardholder/submitter included your LFO contact as a second approver for this form request. The Department Head/Chair has approved this request and now your approval is needed. Please review the below request and advise approval/denial.

Form Request ID  
ID-0000143

Cardholder LAST Name  
Test - Schmitt

Cardholder Empl ID #  
1234567

Cardholder Email Address  
[baschm06@louisville.edu](mailto:baschm06@louisville.edu)

Last 8 Digits of Card Number  
12345678

Submitter Email Address

[Decline](#) [Approve](#)

## Department LFO 2<sup>nd</sup> Approval Routing (OPTIONAL)

Once the Department Head/Chair has given their approval, if you selected the LFO contact as a second approver to this form, another approval request will be sent to them.

- If approved, the cardholder, submitter, approver, and ProCard Office will be notified via email that the request was approved.
- If denied, the cardholder, submitter, approver, and ProCard Office will be notified via email that the request was denied. The cardholder/submitter can follow up with the approver or ProCard office should they have any questions about their request being denied.
- Once approved, the ProCard Office will process the form, then the cardholder, submitter, and approver will receive an email letting them know the form was completed by our office.

APPROVED: Default SpeedType/Account Code Change Form



Brittany Schmitt via Smartsheet <automation@app.smartsheet.com>  
 To Schmitt, Brittany Ann

Reply Reply A

**CAUTION:** This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.



This request has been approved. The ProCard office will review and process this request. An email will be sent to the cardholder/submitter once complete.

[Default SpeedType/Account Code Forms](#)

Changes since 6/29/22 4:56 PM

1 row changed

1 row added or updated (shown in yellow)

Row 21

Form Request ID	ID-0000143
Cardholder LAST Name	Test - Schmitt
Cardholder Empl ID #	1234567
Cardholder Email Address	<a href="mailto:baschm06@louisville.edu">baschm06@louisville.edu</a>
Last 8 Digits of Card Number	12345678
Submitter Email Address	
What type of form do you need to fill out?	Default SpeedType/Account Code Change
Name of Dept Head/Chair	Test - Jennifer Steier

## COMPLETED: Default SpeedType/Account Code Change Form



ProCard Service Account via Smartsheet <automation@app.smartsheet.com>

To Schmitt, Brittany Ann

**CAUTION:** This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.



Card ending in 12345678 has been updated from SpeedType/Account Code 10631 / 541200, to the requested 30339 / 541300.

If you have any questions, please email [procard@louisville.edu](mailto:procard@louisville.edu) or call us at 852-9058.

Thank you,  
ProCard Office

[Default SpeedType/Account Code Forms](#)

Changes since 6/29/22 4:59 PM

1 row changed

1 row added or updated (shown in yellow)

Row 21

Form Request ID ID-0000143

Cardholder LAST Name Test - Schmitt

Cardholder Empl ID # 1234567

Form Status

Date Completed 06/29/22

Cardholder Email Address [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

Last 8 Digits of Card Number 12345678

Submitter Email Address

What type of form do you need to fill out? Default SpeedType/Account Code Change

What type of form do you need to fill out? \*

Spending Limit Change Request X

### Spending Limit Change Request Form

Upon receiving this form, the Department LFO should "Reply to All" approving the cardholder's request to increase his/her spending limit. A Department LFO cannot approve an increase on his/her own card; that approval must come from someone at a higher level.

**Cardholder Phone \***

+1 ( ) - -

**This request is: \***

Temporary

Permanent

**Requested Transaction Limit**

If temporary, indicate the date the transaction limit should revert to the default.

MM/DD

**Requested Monthly Limit**

If temporary, indicate the date the monthly limit should revert to the default. Monthly limit end dates must coincide with the end of a billing cycle.

Select

**Justification/explanation for the requested increase and include why this is considered essential spend. \***

## Spending Limit Change Form

**Cardholder Phone** – enter the cardholder’s 10-digit phone number

**This request is:** – Temporary or Permanent

If you select **Temporary**, additional fields will populate to enter the date the transaction/monthly limits should be reverted to the card’s standard limits.

**Requested Transaction Limit** –fill in if you need to request an increase for the transaction limit of the card.

**If temporary, indicate the date the transaction limit should revert to the default.**

**Requested Monthly Limit** – fill in if you need to request an increase for the monthly limit.

**If temporary, indicate the date the monthly limit should revert to the default. Monthly limit end dates must coincide with the end of a billing cycle.**

**Justification/explanation for the requested increase and include why this is considered essential spend.** – Provide details of the purchase you are needing to make with the increase (the item(s) to be purchased, unit cost (approximately), vendor, business purpose etc.)

**Is the transaction limit over \$4,500? \***

Yes  
 No  
 N/A

**For transaction limits that are over \$4,500:**  
 For our auditing purposes, would you please verify that [Capital Assets](#) will not be purchased with this increase?

If this is a **software** purchase, has this been reviewed by Purchasing and approved for purchase with the ProCard?

**(OPTIONAL) Attach a copy of the invoice/quote:**  
 For auditing purposes, you may upload a copy of an invoice/quote to include with this request.

Drag and drop files here or [browse files](#)

**Department LFO who will approve this request \***  
 An approval request will be sent to the LFO email contact based on the department you select below.

Select ▼

---

Send me a copy of my responses

Submit

## Spending Limit Change Form

---

**Is the transaction limit over \$4,500?** – Yes, No, N/A

If the Requested Transaction Limit field is over \$4,500, select **Yes**.

If the Requested Transaction Limit field is NOT over \$4,500, select **No**.

If you are only requesting a Monthly Limit increase, select **N/A**.

If you select **Yes** to the question above, another field below will appear called **For transaction limits that are over \$4,500:** – Please provide an answer to the questions from this field.

For our auditing purposes, would you please verify that [Capital Assets](#) will not be purchased with this increase?

If this is a software purchase, has this been reviewed by Purchasing and approved for purchase with the ProCard?

**(OPTIONAL) Attach a copy of the invoice/quote:** – If you have one available, you may attach a copy of the invoice/quote. This will reduce any back-and-forth communication between the cardholder/submitter, approver, and the ProCard office.

**Department LFO who will approve this request** – an approval request will be sent to the LFO email contact based on the department you select. The Department LFOs listed on the form are based on the [Schedule of Lead Fiscal Officers](#).



## Confirmation - ProCard Forms



Smartsheet Forms <forms@app.smartsheet.com>  
To Schmitt, Brittany Ann

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Thank you for submitting your entry. A copy is included below for your records.

### ProCard Forms

Cardholder LAST Name	Test - Schmitt
Cardholder Empl ID #	1234567
Cardholder Email Address	<a href="mailto:baschm06@louisville.edu">baschm06@louisville.edu</a>
Last 8 Digits of Card Number	12345678
Is the person submitting this form the cardholder?	Yes
What type of form do you need to fill out?	Spending Limit Change Request
Cardholder Phone	+1 (502) 852-8218
This request is:	Temporary
Requested Transaction Limit	5000
If temporary, indicate the date the transaction limit should revert to the default.	7/10/2022

## Confirmation - ProCard Forms



Smartsheet Forms <forms@app.smartsheet.com>  
To Schmitt, Brittany Ann

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Thank you for submitting your entry. A copy is included below for your records.

### ProCard Forms

Cardholder LAST Name	Test - Schmitt
Cardholder Empl ID #	1234567
Cardholder Email Address	<a href="mailto:baschm06@louisville.edu">baschm06@louisville.edu</a>
Last 8 Digits of Card Number	12345678
Is the person submitting this form the cardholder?	Yes
What type of form do you need to fill out?	Spending Limit Change Request
Cardholder Phone	+1 (502) 852-8218
This request is:	Temporary
Requested Transaction Limit	5000
If temporary, indicate the date the transaction limit should revert to the default.	7/10/2022
Requested Monthly Limit	20000
If temporary, indicate the date the monthly limit should revert to the default. Monthly limit end dates must coincide with the end of a billing cycle.	7/21/2022
Justification/explanation for the requested increase and include why this is considered essential spend.	Test - Need to place a computer purchase with GovConnection that exceeds current limits.
Is the transaction limit over \$4,500?	Yes
For transaction limits that are over \$4,500:	No capital assets or software will be purchased with this order. Total order is \$4,987.14 - quote attached.
Department LFO who will approve this request	CFO - Operations (15)

### File Attachments

Gov Connection computer quote\_Redacted.pdf (155K)



**Requested Monthly Limit**

20000

**If temporary, indicate the date the monthly limit should revert to the default. Monthly limit end dates must coincide with the end of a billing cycle.**

7/21/2022

**Justification/explanation for the requested increase and include why this is considered essential spend.**

Test - Need to place a computer purchase with GovConnection that exceeds current limits.

**Is the transaction limit over \$4,500?**

Yes

**For transaction limits that are over \$4,500:**

No capital assets or software will be purchased with this order. Total order is \$4,987.14 - quote attached.

**Department LFO who will approve this request**

CFO - Operations (15)

## File Attachments



Gov Connection computer quote\_Redacted.pdf (155k)

## Confirmation - ProCard Forms



Smartsheet Forms <forms@app.smartsheet.com>

To Schmitt, Brittany Ann

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Thank you for submitting your entry. A copy is included below for your records.

### ProCard Forms

**Cardholder LAST Name** Test - Schmitt

**Cardholder Empl ID #** 1234567

**Cardholder Email Address** [bschm06@louisville.edu](mailto:bschm06@louisville.edu)

**Last 8 Digits of Card Number** 12345678

**Is the person submitting this form the cardholder?** Yes

**What type of form do you need to fill out?** Spending Limit Change Request

**Cardholder Phone** +1 (502) 852-8218

**This request is:** Temporary

**Requested Transaction Limit** 5000

**If temporary, indicate the date the transaction limit should revert to the default.** 7/10/2022

**Requested Monthly Limit** 20000

**If temporary, indicate the date the monthly limit should revert to the default. Monthly limit end dates must coincide with the end of a billing cycle.** 7/21/2022

**Justification/explanation for the requested increase and include why this is considered essential spend.** Test - Need to place a computer purchase with GovConnection that exceeds current limits.

**Is the transaction limit over \$4,500?** Yes

**For transaction limits that are over \$4,500:** No capital assets or software will be purchased with this order. Total order is \$4,987.14 - quote attached.

**Department LFO who will approve this request** CFO - Operations (15)

### File Attachments



Gov Connection computer quote\_Redacted.pdf (155k)

APPROVAL NEEDED: Spending Limit Change Request Form

ProCard Service Account via Smartsheet <automation@app.smartsheet.com>  
To: Schmitt, Brittany Ann

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

**CAUTION: This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.**

Upon receiving this form, the Department LFO should click 'View Request' to approve the cardholder's request to increase their spending limit. A Department LFO cannot approve an increase on their own card; that approval must come from someone at a higher level.

Please review the below request and advise approval/denial.

**View Request**

Row 27	
Form Request ID	ID-0000137
Cardholder LAST Name	Test - Schmitt
Cardholder Empl ID #	1234567
Cardholder Email Address	<a href="mailto:bschm06@louisville.edu">bschm06@louisville.edu</a>
Last 8 Digits of Card Number	12345678
Submitter Email Address	
What type of form do you need to fill out?	Spending Limit Change Request
Department LFO who will approve this request	CFO - Finance (15)
Cardholder Phone	+1 (502) 852-8218

**Capital Assets/Software**  
No capital assets or software will be purchased with this order. Total order is \$4,987.14 - quote attached.

**Trans Limit Revert**  
07/10/22

**Requested Transaction Limit**  
5000

**Requested Monthly Limit**  
20000

**Monthly Limit Revert Date**  
07/21/22

**Attachments**  
Upload Files  
1 Attachment  
Gov Connection computer quote\_Redacted.pdf

**Comments**  
Add a comment

Send me a copy of my responses

Decline
Approve

## Department LFO Approval Routing

The Department LFO chosen on the form will receive an email with a link to approve or deny the request.

- If approved, the cardholder, submitter, approver, and ProCard Office will be notified via email that the request was approved.
- If denied, the cardholder, submitter, approver, and ProCard Office will be notified via email that the request was denied. The cardholder/submitter can follow up with the approver or ProCard office should they have any questions about their request being denied.
- Once approved, the ProCard Office will process the form, then the cardholder, submitter, and approver will receive an email letting them know the form was completed by our office.

## APPROVED: Spending Limit Change Request Form



brittany.schmitt via Smartsheet <automation@app.smartsheet.com>  
To Schmitt, Brittany Ann



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This request has been approved. The ProCard office will review and process this request. An email will be sent to the cardholder/submitter once complete.

[Spending Limit Change Forms](#)

Changes since 6/28/22 11:20 AM

1 row changed  
1 comment added

1 row added or updated (shown in **yellow**)

Row 27

Form Request ID	ID-0000137
Cardholder LAST Name	Test - Schmitt
Cardholder Empl ID #	1234567
Cardholder Email Address	<a href="mailto:baschm06@louisville.edu">baschm06@louisville.edu</a>
Last 8 Digits of Card Number	12345678
Submitter Email Address	
What type of form do you need to fill out?	Spending Limit Change Request
Department LFO who will approve this request	CFO - Finance (15)
Approval Status	Approved



## COMPLETED: Spending Limit Change Request Form



ProCard Service Account via Smartsheet <automation@app.smartsheet.com>

To ● Schmitt, Brittany Ann

**CAUTION:** This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.

smartsheet

Hello,

The limits have been temporarily increased on your card ending in 12345678, with the following details:

Transaction Limit: 5000 - 07/10/22

Monthly Limit: 20000 - 07/21/22

If ASSET OVER \$1,000.00 - Please submit an Asset Tag Form ([https://louisville.edu/surplus/forms/Procard\\_purchases](https://louisville.edu/surplus/forms/Procard_purchases)).

If COMPUTERS - Please ensure use of a University Contracted Vendor for this purchase of COMPUTERS/COMPUTER PERIPHERALS (<https://louisville.edu/purchasing/contract-only-procurements>), and please have these items delivered to Central Receiving so that they can be Asset Tagged.

Please allow approximately 30 minutes for the change to take effect. If you have any questions, please email [procard@louisville.edu](mailto:procard@louisville.edu) or call us at 852-9058.

Thank you,  
ProCard Office

[Spending Limit Change Forms](#)

Changes since 6/28/22 11:28 AM

1 row changed

1 row added or updated (shown in yellow)

Row 25

Form Request ID	ID-0000137
Cardholder LAST Name	Test - Schmitt
Cardholder Empli ID #	1234567
Form Status	●
Date Completed	06/23/22
Cardholder Email Address	<a href="mailto:bschm06@louisville.edu">bschm06@louisville.edu</a>
Last 8 Digits of Card Number	12345678
Submitter Email Address	
What type of form do you need to fill out?	Spending Limit Change Request
Department LFO who will approve this request	CFO - Finance (15)
Approval Status	Approved
Cardholder Phone	+1 (502) 852-0218



## PNC Dispute Forms

Please fill out the information below.

Cardholder LAST Name \*

Cardholder Empl ID # \*

Cardholder Email Address \*

Last 8 Digits of Card Number \*

Is the person submitting this form the cardholder? \*

- Yes  
 No

### PNC Dispute Form

Contact the vendor first to resolve any questionable charges. If agreement cannot be reached with the vendor, notification to PNC Bank should be made by completing the [PNC Dispute Form](#). PNC must receive this form no later than the 60 days after receipt of the first bill on which the error or problem appeared.

Please upload the completed dispute form below.

A completed copy of the dispute form will be emailed to PNC Bank ([billinginquiries@pnc.com](mailto:billinginquiries@pnc.com)) and the ProCard Service Account ([procard@louisville.edu](mailto:procard@louisville.edu)). The cardholder/submitter will receive a copy of this submission.

### File Upload

Drag and drop files here or [browse files](#)

Alternatively to submitting the form on this submission page, the form can also be mailed to the ProCard Office. If you have a routine question, PNC Bank Customer Services Department may be able to provide information at 1-800-685-4039.

Send me a copy of my responses

Submit

## PNC Dispute Form

**Cardholder LAST Name** – the cardholder’s last name

**Cardholder Empl ID #** – the cardholder’s 7-digit employee ID number (this is a number only field)

**Cardholder Email Address** – cardholder’s UofL email address (must be in correct email format)

**Last 8 Digits of Card Number** – the last 8 digits of the card number (this is a number only field) – please **DO NOT** enter the full 16-digit card number

**Is the person submitting this form the cardholder?** – Yes or No

If you select **No**, another field will appear for you to enter your email address as the submitter. Only select **No** if you are not also the cardholder.

**File Upload:** – upload the completed, signed dispute form.

Please only include the **last 8 digits** of the card number on the form. If you include the full 16-digit card number, please redact the first 8 digits before submitting the form.

## Confirmation - PNC Dispute Forms



Smartsheet Forms <forms@app.smartsheet.com>

To  Schmitt, Brittany Ann

**CAUTION:** This email originated from outside of our organization. Do not click links, open attachments, or respond to this email.

### smartsheet

Thank you for submitting your entry. A copy is included below for your records.

## PNC Dispute Forms

**Cardholder  
LAST Name** TEST SMARTSHEET FORM EMAIL TO PNC

**Cardholder  
Empl ID #** 1234567

**Cardholder  
Email Address** [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

**Last 8 Digits of  
Card Number** 12345678

**Is the person  
submitting  
this form the  
cardholder?** Yes

## File Attachments

 TEST SMARTSHEET FORM - PNCdisputeform 6-21-2022.pdf (134k)

# PNC Dispute Form Sent to PNC Billing Inquiries



ProCard Service Account via Smartsheet <automation@app.smartsheet.com>

To Schmitt,Brittany Ann

**CAUTION:** This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.



Your submitted form has been sent to PNC by the ProCard Office. We will contact you once PNC advises on a resolution of the dispute. If you have any questions, please email [procard@louisville.edu](mailto:procard@louisville.edu) or call us at 852-9058.

Thank you,  
ProCard Office

[PNC Dispute Forms](#)

Changes since 6/28/22 1:46 PM

1 row changed

1 row added or updated (shown in yellow)

Row 11

<b>Form Request ID</b>	ID-0000050
<b>Cardholder LAST Name</b>	TEST SMARTSHEET FORM EMAIL TO PNC
<b>Cardholder Empl ID #</b>	1234567
<b>Form Status</b>	
<b>Date Completed</b>	06/24/22
<b>Cardholder Email Address</b>	<a href="mailto:baschm06@louisville.edu">baschm06@louisville.edu</a>
<b>Last 8 Digits of Card Number</b>	12345678
<b>Submitter Email Address</b>	

Changes made by [procard@louisville.edu](mailto:procard@louisville.edu)

## Employee Usage Agreement

Please fill out the information below.

**Submitter Email Address \***

**File Upload \***

Please fill out the [Employee Usage Agreement](#) form and upload it below.

Drag and drop files here or [browse files](#)

**Comment**

Send me a copy of my responses

Powered by smartsheet

[Privacy Notice](#) | [Report Abuse](#)

## Employee Usage Agreement

**Submitter Email Address** – enter the email address for the person submitting the form.

**File Upload:** – upload the completed, signed employee usage agreement to the form.

**Comment** – this part is optional, but you can include a comment with this form.

## Confirmation - Employee Usage Agreement



Smartsheet Forms &lt;forms@app.smartsheet.com&gt;

To Schmitt, Brittany Ann

Reply

Reply All



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smartsheet

Thank you for submitting your entry. A copy is included below for your records.

## Employee Usage Agreement

**Submitter****Email Address**[baschm06@louisville.edu](mailto:baschm06@louisville.edu)**Comment**

test - Attached is my completed employee usage agreement. Thank you!

## File Attachments



employee-usage-agreement 2-19-19.pdf (446k)

Powered by [Smartsheet Forms](#)© 2022 Smartsheet Inc. | [Contact](#) | [Privacy Policy](#) | [User Agreement](#) | [Report Abuse/Spam](#)

## RECEIVED: Employee Usage Agreement Form



ProCard Service Account via Smartsheet <automation>  
To Schmitt, Brittany Ann



**CAUTION:** This email originated from outside of our organization. Do not click links, open attachments, or respond unless you recognize the sender's email address and know the contents are safe.



Your submitted form has been received by the ProCard Office and we will keep it on file for our auditing records. If you have any questions, please email [procard@louisville.edu](mailto:procard@louisville.edu) or call us at 852-9058.

Thank you,  
ProCard Office

[Employee Usage Agreements](#)

Changes since 6/24/22 4:48 PM

1 row changed

1 row added or updated (shown in yellow)

Row 13

Form Request ID ID-0000033

Form Status

Date Completed 06/23/22

Submitter Email Address [baschm06@louisville.edu](mailto:baschm06@louisville.edu)

Comment test - Attached is my completed employee usage agreement. Thank you!

Changes made by [procard@louisville.edu](mailto:procard@louisville.edu)



# Questions?

[LOUISVILLE.EDU](http://LOUISVILLE.EDU)