

PROCARD SIGNATURE VERIFICATION

Controller's Office | Purchasing

Instructions: In accordance with Procard Policies and Procedures please complete form in entirety and check applicable boxes.

- | | |
|--|--|
| <input type="checkbox"/> New Applicant | <input type="checkbox"/> Supervisor Modification |
| <input type="checkbox"/> Department Change | <input type="checkbox"/> Reconciler Modification |
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Other _____ |

Steps To Receive Procard Access:

1. Complete Signature Verification form in entirety per cardholder applicant.
2. Reconciler modifications must additionally submit a completed Reconciler Agreement.
3. Supervisor modifications only do not require any additional forms other than completing below.
4. Cardholder and/or reconciler must complete training by registering with the Purchasing Department prior to receiving Procard or related online access.
It is suggested cardholders and reconcilers attend training every three years.
5. Submit completed form(s) to purchasing@lists.pacific.edu or by fax (209) 946-7363.
6. Upon receipt and processing of completed forms Procard access will be granted and sent by email.

CARDHOLDER

Cardholder Name: _____ **Phone:** _____

Signature: _____ **Dated:** _____

Check box if Procard training has been received in the past three years. Date (if known): _____

RECONCILER

Reconciler Name: _____ **Phone:** _____

Signature: _____ **Dated:** _____

Check box if Procard training has been received in the past three years. Date (if known): _____

SUPERVISOR

Supervisor/Dean Name: _____

Signature: _____ **Dated:** _____

Supervisors are encouraged but not required to attend training at this time.

FOR PURCHASING OFFICE USE ONLY:

Comments: _____

Processed By: _____ Date: _____

Date Access Notification Sent: _____