

# UNIVERSITY OF ALASKA PROCUREMENT ACCOUNT FORM

New
  Change (Complete the fields to be changed)
  Delete/Close

## Cardholder Information

Cardholder Name (24 Characters) _____	Social Security Number _____
Name Line 2 (24 Characters) University of Alaska _____	Date of Birth (MM/DD/YYYY) _____
Department Name (35 Characters) _____	Mother's Maiden Name _____
Department Address (35 Characters) _____	
City (23 Characters) _____ State _____ Zip Code _____	
Cardholder Email _____ Work Phone _____	
DEFAULT ACCOUNT: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fund	Org
Account	
Reconciler's Name _____	E-mail _____

## DEPARTMENTAL CARDHOLDER APPROVALS

Department Approving Official:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Please Print)

Form Prepared By:

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print)

## CARDHOLDER CONTROLS

Monthly Credit Limit _____ (Required)	Single Purchase Limit _____ (Required)
Authorizations per Day _____ (Optional)	Transactions Per Cycle _____ (Optional)

## DO NOT WRITE BELOW THIS POINT

MCC Group (Merchant Category Code Group) \_\_\_\_\_ Include / Exclude (circle one)

## REPORTING HEIRARCHY LEVELS (REQUIRED INFORMATION)

Reporting	Level 2 (MAU)	Level 3 D-Level Org from FTIORGH
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## CARDHOLDER APPROVALS

MAU Card Issuance Approval

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Please Print)

Card Ordered \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_