UNIVERSITY OF ALASKA
PROCARD APPLICATION

Reset

☐ 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 AK Zip Code _____

Cardholder Email _____ Work Phone _____

DEFAULT ACCOUNT: ☐☐☐☐☐☐ ☐☐☐☐☐ ☐☐☐☐
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

CARDHOLDER APPROVALS

MAU Card Issuance Approval

Name _____ Signature _____ Date _____
(Please Print)

Card Ordered Signature _____ Date _____