

**ANGELO STATE UNIVERSITY PROCARD PROGRAM
CARDHOLDER APPLICATION/APPROVAL FORM**

Applicant's Name: _____

Department Name: _____

Agency-Fund/Org Number: _____

Phone Number: _____

E-Mail: _____

Applicant's last four digits of your Social Security Number: _____

Department contact for Audit/Reconciliation:

Name: _____ Phone: _____

E-Mail: _____

I understand I must attend a training class and agree to follow the procedures set forth in the Cardholder's ProCard Guide. I further agree to adhere to the departmental delegated authority guidelines and to sign the Cardholder ProCard Agreement before a ProCard will be issued. Upon the issuance of the card, I understand that the improper use of this card may result in disciplinary action up to and including termination of my employment.

Applicant's Name (Print/type)

Applicant's Signature

Date

I hereby approve the applicant, listed above, for issuance of a Angelo State University ProCard. I agree that the account, listed above, will have sufficient funds to pay any and all charges made by this individual. I have assigned the duty to assure monthly reconciliation of all statements will be done as required and all documentation retained. I understand that the improper use of this card by this individual may result in disciplinary action up to and including termination of employment.

Budget Authority (Print/type)

Budget Authority's signature

Date