

CITIBANK[®] PROCUREMENT CARD SETUP FORM

 Cardholder completes Section IV. (PLEASE TYPE OR PRINT LEGIBLY) Business Coordinator completes default cost center information and Account Manager information (if applicable) in Section V. Business Coordinator and Department Administrator sign in Section VI. Program Administrator completes Sections II, III and VI, then signs in Section VI. Program Administrator completes Sections II, III and VI, then signs in Section VI. Program Administrator completes Sections II, III and VI, then signs in Section VI. Program Administrator completes Sections II, III and VI, then signs in Section VI. SECTION II (2) PLASTIC TYPE = 1307 POS IX SECTION III (2) PLASTIC TYPE = 1307 POS IX SECTION IV CARDHOLDER INFORMATION (PLEASE PRINT LEGIBLY) (3) "First Name of Cardholder "Middle Initial "Last Name (maximum 25 characters) (4) 759 UHCL	SECTION I INSTRUCTIONS	
2. Business Coordinator completes default cost center information and Account Manager Information (if applicable) in Section V. 3. Business Coordinator and Department Administrator sign in Section VI. 4. Business Coordinator and Department Administrator sign in Section VI. 5. Program Administrator completes Sections II, III and VI, then signs in Section VII. 5. Program Administrator completes Sections II, III and VI, then signs in Section VII. 5. Program Administrator Completes Sections II, III and VI, then signs in Section VII. 5. Program Administrator completes Sections II, III and VI, then signs in Section VII. 5. Program Administrator Completes Sections II, III and VI, then signs in Section VII. 5. Program Administrator Completes Sections II, III and VI, then signs in Section VII. 5. Program Administrator Completes Sections II, III and VI, then signs in Section VII. 5. Section II (2) PLASTIC TYPE = 1307 POS IS 5. Section II (2) PLASTIC TYPE = 1307 POS IS 5. Section IV CARDHOLDER INFORMATION (PLEASE PRINT LEGISLY) (3) 7. First Name of Cardholder 'Middle Initial 'Last Name (maximum 25 characters) (4) 7. Test Name of Cardholder 'Middle Initial 'Last Name (maximum 25 characters) (5) 7. (281) 283 - 7. (281) 283 - 5. Fax Number 1. Houston III (I characters) 5. Fax Number 1. Houston III (I characters) 5. Fax Number 1. Houston IIII (Card Limit) State Zip Code Country 7. (20 Bay Area Bird (Last 4 digits of SocSecNum) 5. Email Address 5. Section V DEPARTMENT AUTHORIZATION 5. Department Name:	1 Cardholder completes Section IV (PLEASE TYPE OR PRINT LEGIBLY)	
3. Business Coordinator completes Monthly Card Credit Limit in Section VI. 4. Business Coordinator and Department Administrator sign in Section VI. 5. Program Administrator completes Sections II, III and VI, then signs in Section VII. SECTION II Reporting Plieranchy: (1) _33567010742759 C	2. Business Coordinator completes default cost center information and Account Manager information (if applicable) in	
4. Business Coordinator and Department Administrator sign in Section V. 5. Program Administrator completes Sections II, II and VI, then signs in Section VII. SECTION II REPORTING PARAMETERS Reporting Hierarchy: (1)33567010742759CBulk Ship ID (leave blank) SECTION III (2) PLASTIC TYPE = 1307 POS 🗵 SECTION III (2) PLASTIC TYPE = 1307 POS 🗵 SECTION III (2) PLASTIC TYPE = 1307 POS 🗵 SECTION III (2) PLASTIC TYPE = 1307 POS 🗵 SECTION III (3) TERNA and of Cardholder "Middle Initial "Last Name (maximum 25 characters) (4) 759 UHCL Company Name (maximum 24 characters) (5) (281) 283 - Billing Address Line 1 (maximum 36 characters) (7) (281) 283 - Billing Address Line 1 (maximum 36 characters) Fack Number Houston TX 77058-1002 UISA Card Activation Password (Last 4 digits of SocSecNum) "Email Address SECTION V DEPARTMENT AUTHORIZATION "Department Name: "Account Manager Name and EmpliD (If other than Business Coordinator):		
5. Program Administrator completes Sections II, III and VI, then signs in Section VII. SECTION II REPORTING PARAMETERS Reporting Herarchy: (1) 3356		
SECTION II REPORTING PARAMETERS Reporting Hierarchy: (1)33567010742759Bulk Ship ID (leave blank) SECTION II (2) PLASTIC TYPE = 1307 POS [Z] SECTION II (2) PLASTIC TYPE = 1307 POS [Z] SECTION IV CARDHOLDER INFORMATION (PLEASE PRINT LEGIBLY) (3) "First Name of Cardholder "Middle Initial "Last Name (maximum 25 characters) (4) 759 UHCL (281) 283 - Company Name (maximum 24 characters) (281) 283 - (5) (281) 283 - "Campus Mail Code "Business Phone (6) 2700 Bay Area Blvd (281) 283 - (7) (281) 283 - "East Name (maximum 36 characters) Houston TX 77058-1002 USA City State Zip Code Compus Number "Card Activation Password (Last 4 digits of SocSecNum) "Email Address SECTION V DEPARTMENT AUTHORIZATION "Department Name:	· · ·	
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*Department Name:	*EmplID Number *Card Activation Password (Last 4 digits of SocSecNum) *Email Address	
*Account Manager Name and EmpIID (If other than Business Coordinator): *Default Accounting Code* Account: 20109 Cost Center: *Default Accounting Code* Account: 20109 Cost Center: *Business Coordinator Signature *Department Administrator Signature *Department Administrator Signature Date *Department Administrator Signature Date SECTION VI AUTHORIZATION PARAMETERS *Dollars per Cycle Limit (Card Limit) \$: MCC Template: MCC Template: Program Administrator's Signature Program Administrator's Name (printed)	SECTION V DEPARTMENT AUTHORIZATION	
Default Accounting Code Account: 20109 Cost Center: Speed Type *Business Coordinator Signature Date *Department Administrator Signature Date SECTION VI AUTHORIZATION PARAMETERS *Dollars per Cycle Limit (Card Limit) \$: Dollars per Transaction Limit \$: MCC Template: Dollars per Cycle Administrator's Signature Date Program Administrator's Name (printed)	*Department Name:	
*Business Coordinator Signature Date *Department Administrator Signature Date *Department Administrator Signature Date SECTION VI AUTHORIZATION PARAMETERS *Dollars per Cycle Limit (Card Limit) \$: Dollars per Transaction Limit \$: MCC Template:	*Account Manager Name and EmpIID (If other than Business Coordinator):	
	Default Accounting Code <u>Account: 20109 Cost Center:</u>	Speed Type
SECTION VI AUTHORIZATION PARAMETERS *Dollars per Cycle Limit (Card Limit) \$: Dollars per Transaction Limit \$: MCC Template: SECTION VII PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER Program Administrator's Signature Date Program Administrator's Name (printed)	*Business Coordinator Signature	Date
*Dollars per Cycle Limit (Card Limit) \$: Dollars per Transaction Limit \$: MCC Template: SECTION VII PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER Program Administrator's Signature Date Program Administrator's Name (printed)	*Department Administrator Signature	Date
*Dollars per Cycle Limit (Card Limit) \$: Dollars per Transaction Limit \$: MCC Template: SECTION VII PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER Program Administrator's Signature Date Program Administrator's Name (printed)	SECTION VI AUTHORIZATION PARAMETERS	
MCC Template:		
SECTION VII PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER Program Administrator's Signature		
Program Administrator's Signature Date Date	MCC Template:	
Program Administrator's Name (printed)	SECTION VII PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER	
	Program Administrator's Signature	Date
	Program Administrator's Name (printed)	
Program Administrator's Business Phone Number: (281) 283 - 2150 Fax: (281) 283 - 2156		

Asterisked fields must be completed prior to submission.