

## CITIBANK<sup>®</sup> PROCUREMENT CARD SETUP FORM

| <ol> <li>Cardholder completes Section IV. (PLEASE TYPE OR PRINT LEGIBLY)</li> <li>Business Coordinator completes default cost center information and Account Manager information (if applicable) in Section V.</li> <li>Business Coordinator and Department Administrator sign in Section VI.</li> <li>Program Administrator completes Sections II, III and VI, then signs in Section VI.</li> <li>Program Administrator completes Sections II, III and VI, then signs in Section VI.</li> <li>Program Administrator completes Sections II, III and VI, then signs in Section VI.</li> <li>Program Administrator completes Sections II, III and VI, then signs in Section VI.</li> <li>SECTION II (2) PLASTIC TYPE = 1307 POS IX</li> <li>SECTION III (2) PLASTIC TYPE = 1307 POS IX</li> <li>SECTION IV CARDHOLDER INFORMATION (PLEASE PRINT LEGIBLY)         <ul> <li>(3)</li> <li>"First Name of Cardholder "Middle Initial "Last Name (maximum 25 characters)</li> <li>(4) 759 UHCL</li></ul></li></ol>  | 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:   | · · ·  |                                    |
| Reporting Hierarchy:         (1)         3356         T0107         42759         C         Bulk Ship ID (leave blank)           SECTION III         (2) PLASTIC TYPE = 1307         POS ISI         SECTION IV         CARDHOLDER INFORMATION (PLEASE PRINT LEGIBLY)           (3)         "First Name of Cardholder         "Middle Initial         "Last Name (maximum 25 characters)           (4)         759 UHCL         Company Name (maximum 24 characters)         (5)         (281.) 283           (5)         (281.) 283         "Business Phone         (6)         2700 Bay Area Blvd         (281.) 283           (6)         2700 Bay Area Blvd         (281.) 283         Fax Number           Hauston         TX         77058-1002         USA           City         State         Zip Code         Country           (7)         (8)         "Card Activation Password (Last 4 digits of SocSecNum)         "EmpliD Number           *Ection V         DEPARTMENT AUTHORIZATION         "Department Name:   |  |                                    |
| SECTION III       (2) PLASTIC TYPE = 1307       POS [X]         SECTION IV       CARDHOLDER INFORMATION (PLEASE PRINT LEGIBLY)         (3)       "First Name of Cardholder       "Middle Initial         "First Name of Cardholder       "Middle Initial       "Last Name (maximum 25 characters)         (4)       759_UHCL       Company Name (maximum 24 characters)         (5)       (281), 283 -       "Eusiness Phone         (6)       2700 Bay Area Blvd       (281), 283 -         Billing Address Line 1 (maximum 36 characters)       Fax Number         Houston       TX       77058-1002       USA         City       State       Zlp Code       Country         (7)       (8)       "Card Activation Password (Last 4 digits of SocSecNum)       "Email Address         SECTION V       DEPARTMENT AUTHORIZATION       "Email Address         SECTION V       DEPARTMENT AUTHORIZATION       "Email Address         *Account Manager Name and EmpIID (if other than Business Coordinator):  | SECTION II REPORTING PARAME  | TERS                               |
| SECTION IV       CARDHOLDER INFORMATION (PLEASE PRINT LEGIBLY)         (3)       "First Name of Cardholder       'Niddle Initial       "Last Name (maximum 25 characters)         (4)       7.59 UHCL       Company Name (maximum 24 characters)       (281 ) 283 -         (5)       (281 ) 283 -       "Builing Address Phone         (6)       2700 Bay Area Bvd       (281 ) 283 -         (7)       (281 ) 283 -       Fax Number         Houston       TX       77058-1002       USA         City       State       Zip Code       Country         (7)       (8)       (29)       (9)         (7)       (8)       "Card Activation Password (Last 4 digits of SocSecNum)       "Email Address         SECTION V       DEPARTMENT AUTHORIZATION         *Department Name:   | Reporting Hierarchy: (1) <u>3356</u> 70107 42759 C   | Bulk Ship ID (leave blank)         |
| (3)       "First Name of Cardholder       "Middle Initial       "Last Name (maximum 25 characters)         (4)       759 UHCL       Company Name (maximum 24 characters)         (5)       (281) 283 -         "Campus Mail Code       "Builing Address Phone         (6)       2700 Bay Area Blvd       (281) 283 -         (7)       (281) 283 -       Fax Number         Houston       TX       77058-1002       USA         City       State       Zip Code       Country         (7)       (8)       (9)       (9)         "EmpliD Number       "Card Activation Password (Last 4 digits of SocSecNum)       "Email Address         SECTION V       DEPARTMENT AUTHORIZATION         "Department Name:  | SECTION III (2) PLASTIC TYPE = 1307 POS 🗵  |                                    |
| *First Name of Cardholder       *Middle Initial       *Last Name (maximum 25 characters)         (4) 759 UHCL       Company Name (maximum 24 characters)       Cast 1 283 -         (5)       (281 ) 283 -       *Campus Mail Code       *Business Phone         (6) 2700 Bay Area Blvd       (281 ) 283 -       *Fax Number         Billing Address Line 1 (maximum 36 characters)       Fax Number       Fax Number         Houston       TX       77058-1002       USA         City       State       Zip Code       Country         (7)       (8)       (9)       (9)         "EmpliD Number       *Card Activation Password (Last 4 digits of SocSecNum)       *Email Address         SECTION V       DEPARTMENT AUTHORIZATION         *Department Name:  | SECTION IV CARDHOLDER INFORMATION (PLEASE PRINT LEGIBLY)   |                                    |
| (4)       759 UHCL<br>Company Name (maximum 24 characters)         (5)       (281 ) 283 -<br>"Business Phone         (6)       (281 ) 283 -<br>Billing Address Line 1 (maximum 36 characters)         Fax Number       Fax Number         Houston       TX       77058-1002       USA         City       State       Zip Code       Country         (7)       (8)       (9)       "EmpilD Number       "Card Activation Password (Last 4 digits of SocSecNum)       "Email Address         SECTION V       DEPARTMENT AUTHORIZATION       "Email Address       "Email Address         *Account Manager Name and EmpilD (If other than Business Coordinator):   | (3)  |                                    |
| Company Name (maximum 24 characters)     (         (281) 283 -         (281) 284 -         (29109 Cost Center: |  | *Last Name (maximum 25 characters) |
| *Campus Mail Code       *Business Phone         (6)       2700 Bay Area Blvd       (281) 283-         Billing Address Line 1 (maximum 36 characters)       Fax Number         Houston       TX       77058-1002       USA         City       State       Zip Code       Country         (7)       (8)       (9)       (9)         *EmplID Number       *Card Activation Password (Last 4 digits of SocSecNum)       *Email Address         SECTION V       DEPARTMENT AUTHORIZATION         *Department Name:  |  |                                    |
| (6)       2700 Bay Area Blvd       ( 281 ) 283 -         Billing Address Line 1 (maximum 36 characters)       Fax Number         Houston       TX       77058-1002       USA         City       State       Zip Code       Country         (7)       (8)       (9)       (9)         "EmpliD Number       "Card Activation Password (Last 4 digits of SocSecNum)       "Email Address         SECTION V       DEPARTMENT AUTHORIZATION         "Department Name:   | (5)  | (281)283-                          |
| Billing Address Line 1 (maximum 36 characters)       Fax Number         Houston       TX       77058-1002       USA         City       State       2/p Code       Country         (7)       (8)       (9)         *EmpliD Number       *Card Activation Password (Last 4 digits of SocSecNum)       *Email Address         SECTION V       DEPARTMENT AUTHORIZATION         *Department Name:  | *Campus Mail Code  | *Business Phone                    |
| Houston       TX       77058-1002       USA         City       State       Zip Code       Country         (7)       (8)       (9)         *EmpliD Number       *Card Activation Password (Last 4 digits of SocSecNum)       *Email Address         SECTION V       DEPARTMENT AUTHORIZATION         *Department Name:  | (6) 2700 Bay Area Blvd   |                                    |
| City       State       Zip Code       Country         (7)       (8)       (9)         *EmpIID Number       *Card Activation Password (Last 4 digits of SocSecNum)       *Email Address         SECTION V       DEPARTMENT AUTHORIZATION       *Email Address         *Department Name:   |  |                                    |
| (7)       (8)       (9)         *EmpliD Number       *Card Activation Password (Last 4 digits of SocSecNum)       *Email Address         SECTION V       DEPARTMENT AUTHORIZATION         *Department Name:  |  |                                    |
| *EmpIID Number       *Card Activation Password (Last 4 digits of SocSecNum)       *Email Address         SECTION V       DEPARTMENT AUTHORIZATION         *Department Name:       *         *Account Manager Name and EmpIID (If other than Business Coordinator):   |  | •                                  |
| *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.