

Procurement Proforma – Welsh Purchasing Card

Proposed amendments to existing cards

Please complete all yellow fields

Name of Cardholder:

Last 4 digits of existing card:

Is your Request related to changing the card financial limits? Y/N
(delete as appropriate)

If yes, is this change proposed to be temporary or permanent? Temporary/Permanent

Revised monthly credit limit proposed: £
(complete as applicable)

Current monthly credit limit: £

Revised individual transaction limit proposed £
(complete as applicable)

Current individual transaction limit £

Please provide in the box below the full facts as to exactly why any change is requested. This should be underpinned by evidence of the circumstances which have gone previously which have contributed to your request change financial limits i.e. what is the history/background which evidences the legitimacy of the request.

PLEASE ENSURE ALL SIGNATURE APPROVALS ARE COMPLETED PRIOR TO FORM SUBMISSION

1. Applicant (existing cardholder)

Name: Position:

Date: Signed:.....

2. Card Supervisor (person responsible for checking and authorising cardholder transactions)

Name: Position:

Date: Signed:.....

3. Institute Director (or nominee) or Head of Department (Service departments)

Name: Position:

Date: Signed:.....

4. Research, Business & Innovation approved signatory (if applicable)

(Procurement Manager also reserves the option to independently consult)

Name: Position:

Date: Signed:.....

RECOMMENDATION TO SENIOR MANAGEMENT (completed by Procurement Manager)

Comments on requested amendments, for Director of Finance

<p>NEED</p> <ul style="list-style-type: none"> • <p>SATISFACTION FROM PROCUREMENT/COMPLIANCE PERSPECTIVE</p> <ul style="list-style-type: none"> • <p>MITIGATION (as applicable)</p>
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Name: Lee Pereira

Position: PROCUREMENT MANAGER

Date:

Signed:

FINANCE OFFICE PAYMENT TEAM AUTHORISATION

(for checks on previous card management and reconciliation performance by applicant)

Application supported? Y/N (delete as appropriate)

Name:

Position:

Date:

Signed:

Authorised Signatory – Director of Finance

Approved by:-

Name:

Position:

Date:

Signed:.....

Reason for Rejection (as applicable) & further instructions

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PLEASE RETURN THIS COMPLETED FORM TO THE PREOCUREMENT MANAGER. BY SUBMITTING THIS FORM, ALL SIGNATORIES ACCEPT AND AGREE TO ABIDE BY AND COMPLY WITH UNIVERSITY FINANCIAL REGULATIONS AND PROCEDURES WHEN USING THE CARD, IF AMENDMENTS ARE APPROVED.