

UM PROCUREMENT AUTHORIZATION CARD

Card No. ____ of ____

DEPARTMENT NAME _____ COLLEGE/SCHOOL _____

FRS DEPARTMENT/ SUB DEPARTMENT CODE _____ (7 Digits)

DEAN/VP NAME _____ TITLE _____

CAMPUS PHONE _____

PLEASE TYPE INFORMATION, PRINT FORM AND SIGN IN INK

CHAIR/DIR NAME _____	TITLE _____	PHONE _____
UNIVERSITY ID# _____	E-MAIL _____	CAMPUS ZIP _____
SIGNATURE _____	DATE _____	

I delegate to the following staff authorization to sign documents committing funds for purchases to be made for my Department:

NAME _____	TITLE _____	PHONE _____
UNIVERSITY ID# _____	E-MAIL _____	CAMPUS ZIP _____
SIGNATURE _____	DATE _____	
<input type="checkbox"/> PURCHASE REQUISITION (Unlimited Unless Specified) \$ _____ Limit	<input type="checkbox"/> Small Procurement Orders* (Limit \$5,000)	<input type="checkbox"/> Master Contract Releases*

NAME _____	TITLE _____	PHONE _____
UNIVERSITY ID# _____	E-MAIL _____	CAMPUS ZIP _____
SIGNATURE _____	DATE _____	
<input type="checkbox"/> PURCHASE REQUISITION (Unlimited Unless Specified) \$ _____ Limit	<input type="checkbox"/> Small Procurement Orders* (Limit \$5,000)	<input type="checkbox"/> Master Contract Releases*

NAME _____	TITLE _____	PHONE _____
UNIVERSITY ID# _____	E-MAIL _____	CAMPUS ZIP _____
SIGNATURE _____	DATE _____	
<input type="checkbox"/> PURCHASE REQUISITION (Unlimited Unless Specified) \$ _____ Limit	<input type="checkbox"/> Small Procurement Orders* (Limit \$5,000)	<input type="checkbox"/> Master Contract Releases*

This form can be downloaded at: www.purchase.umd.edu

Return Signed Original To:
Procurement and Supply
2113-R Chesapeake Building
Telephone 301-405-5813 Fax 301-314-9565

*MUST APPLY FOR ELF ACCESS AT:
www.ares.umd.edu/Elf

FY 2008/2009

(Update Bi-Annually)
Revised 02/08

UM Procurement Authorization Card

Revised 02/08

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PLEASE TYPE FORM AND SIGN IN INK

NAME _____ TITLE _____ PHONE _____
UNIVERSITY ID# _____ E-MAIL _____ CAMPUS ZIP _____
SIGNATURE _____ DATE _____

PURCHASE REQUISITION (Unlimited Unless Specified) Limit
Small Procurement Orders* (Limit \$5,000)
Master Contract Releases*

NAME _____ TITLE _____ PHONE _____
UNIVERSITY ID# _____ E-MAIL _____ CAMPUS ZIP _____
SIGNATURE _____ DATE _____

PURCHASE REQUISITION (Unlimited Unless Specified) Limit
Small Procurement Orders* (Limit \$5,000)
Master Contract Releases*

NAME _____ TITLE _____ PHONE _____
UNIVERSITY ID# _____ E-MAIL _____ CAMPUS ZIP _____
SIGNATURE _____ DATE _____

PURCHASE REQUISITION (Unlimited Unless Specified) \$55.00 Limit
Small Procurement Orders* (Limit \$5,000)
Master Contract Releases*

NAME _____ TITLE _____ PHONE _____
UNIVERSITY ID# _____ E-MAIL _____ CAMPUS ZIP _____
SIGNATURE _____ DATE _____

PURCHASE REQUISITION (Unlimited Unless Specified) \$ _____ Limit
Small Procurement Orders* (Limit \$5,000)
Master Contract Releases*

NAME _____ TITLE _____ PHONE _____
UNIVERSITY ID# _____ E-MAIL _____ CAMPUS ZIP _____
SIGNATURE _____ DATE _____

PURCHASE REQUISITION (Unlimited Unless Specified) \$ _____ Limit
Small Procurement Orders* (Limit \$5,000)
Master Contract Releases*