

SACRAMENTO STATE UNIVERSITY, PROCUREMENT CARD PROGRAM PARTICIPANT REQUEST/UPDATE FORM

Submit this form to Procurement Services (6008)

(All cardholders must be a current CALIFORNIA STATE UNIVERSITY, SACRAMENTO employee)

- New Request**
- Update to existing cardholder account** (please check all that apply)
- Name change Per-transaction limit change
 Dept. change 30-day limit change
 Chartstring change

The **Cardholder** is responsible for making direct contact with vendors to order commodities using the Procurement Card and ensuring direct delivery to his/her office. The **Cardholder** will reconcile all Procurement Card purchases on-line, via CMS.

The **Approving Official** is responsible for reviewing and approving all transactions.

For further information, reference the Procurement Card Procedure Manual:
<http://www.csus.edu/cms/training/finance84/manuals/ProCard.pdf>

The cardholder's name will appear on the credit card exactly the way that it reads on this form.

Cardholder:
(Please Print)

Job Title:

Cardholder Signature: _____

Department:

Campus Address: **Campus Zip:**
(Bldg/Room #)

Email: **Extension:**

Per-Transaction Limit: \$.00 **30-Day Limit:** \$.00

ACCOUNT: **FUND:**

DEPARTMENT: **CLASS CODE:**
(If applicable)

The Approving Official is responsible for reviewing and approving the monthly charges on-line, via CMS.

Approving Official:
(Please Print)

Approving Official Signature: _____

By signing this request form, the Approving Official certifies that they are authorized to approve charges for the account codes listed above, and agrees to all terms and conditions set forth in the Procurement Card Procedure Manual.