



US BANK CAPRADIO ONE CARD APPLICATION

New Request

Update Request

APPLICANT INFORMATION:

Sac State ID: _____

Legal First Name: _____ Middle Initial: _____ Last Name: _____

Office Phone: 916- _____ Business Email: _____ @capradio.org

Default Chartstring

Account: _____

Fund: _____

Dept #: _____

I understand and agree to the following terms (Initial each line):

_____ This card will be used for business related purchasing and travel charges only.

_____ I am responsible for all charges on the credit card. I am not authorized to place personal expenses on the One Card.

_____ I am responsible for completing my monthly reconciliation statement within the established timeline.

_____ Should I fail to comply with the appropriate use of the One Card, the card will be canceled and no new card will be issued.

_____ I have read and understand the [CSU Travel Procedures and Regulations & Procard Manual](#)

Applicant's Signature: _____ Date: _____

Immediate Supervisor (Printed Name): _____

Immediate Supervisor (Signature): _____ Date: _____

PLEASE EMAIL APPLICATION FORM TO: [CapRadio AP](#)