

PROCUREMENT CARD REQUEST/UPDATE FORM
Submit this form to procard@csus.edu

All Cardholders must be a current, non-temporary Sacramento State employee

Business Unit

New Request

Update to existing cardholder account - Please check all that apply

Name Change:

Per Transaction Limit

New Approving Official

Previous Name

Dept. Change

Change 30-day Limit

Chartstring Change

Temporary Increase

****PLEASE PROVIDE JUSTIFICATION FOR NEW CARD REQUEST AND LIMIT INCREASE REQUEST****

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The **Cardholder** is responsible for making direct contact with vendors to place orders using the Procurement Card. The Cardholder will reconcile each month's statement in CFS and submit using the Adobe Sign process.

For further information, reference the Procurement Card Manual on our website at:

<https://www.csus.edu/administration-business-affairs/internal/procurement-contracts/procurement-card.html>

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

| | | |
|---|---|---|
| Card Holder Name: | Department Name: | |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | |
| Job Title: | Employee ID: | |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | |
| Bldg. Name & Rm#: | Campus Zip: | Phone: |
| <input style="width:95%;" type="text"/> | <input style="width:40%;" type="text"/> | <input style="width:40%;" type="text"/> |
| Email Address: | Cardholder Signature: | |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | |

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

| | | | |
|---|---|---|---|
| Account: | Fund: | Dept ID: | Class Code: |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

Cardholder Training Complete

Cardholder has CFS access

A/O Training Complete

A/O has CFS Delegation of Authority

The Approving Official is responsible for reviewing and approving the monthly charges through the Adobe Sign process. 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 Program Manual.

| | | |
|---|---|---|
| Approving Official (Print) | Approving Official Signature: | Approving Official E-Mail: |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

| | |
|------------------------------|--------------------|
| Procurement Use Only: | |
| Approved By: _____ | Date: _____ |