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

All Cardholders must be a current, non-temporary CSU SACRAMENTO employee

Now Request - Requestor	must complete the Procurem	ent Card Training via	CIII learn	Date:
New Request - Requestor must complete the Procurement Card Training via CSU Learn Date: Update to existing cardholder account - Please check all that apply				
	Ider account - Pieuse Clieck ui			
Name Change: Pres	evious Name	Per Transaction Limi	it 📙	New Approving Official
Dept. Change Ch	nange 30-day Limit	Chartstring Change		Temporary Increase
**PLEASE PROVIDE JUSTIFICATION	ON FOR NEW CARD REQUEST	AND LIMIT INCREAS	SE REQUEST*	*
The Cardholder is responsible for making direct contact with vendors to place orders using the Procurement Card and ensuring direct delivery to their office. The Cardholder will reconcile all ProCard purchases on-line, via CFS.				
For further information, reference https://www.csus.edu/administra				ment-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:		_
		<u></u>		
Job Title:		Employee ID:		
Bldg. Name & Rm#:		Campus Zip:		Phone:
5146				Theres.
Email Address:		Cardholder Signature:		
Per-Transaction Limit: \$		30 Day Limit:	ė	
Per-Transaction Limit: 5		J 50 Day Lillie.	?	
Account:	Fund:	Department ID#:		Class Code:
Cardholder	Cardholder has CFS access			
A/O Training Complete		A/O has CFS Delegation of Authority		
The American Official is recognised	tile for resilanting and appropri			CCC Descination this
The Approving Official is responsible this request form, the Approving Codes listed above and agrees to a	Official certifies that they are a	authorized to approve	charges for t	he account
Approving Official (Print) Approving Officia		gnature: Approving Official E-Mail:		ficial E-Mail:
Procurement Use Only:				
Approved By:	Dat	to		