

SDSU, BUSINESS AND FINANCIAL AFFAIRS
PROCUREMENT CREDIT CARD PROGRAM

New ____ Update ____ Red ID# _____

REQUEST FOR PARTICIPATION

RETURN FORM TO:

Accounts Payable Manager - MC 1611

Please complete a form for each card requested. The cardholder's name will appear on the credit card *exactly* the way it reads on this form.

Cardholders must be a San Diego State University employee to participate. Cardholders will be responsible for making direct contact with vendors and ordering commodities using the procurement credit card in accordance with campus policies as stated in the San Diego State University Procurement Credit Card Handbook. Cardholders will prepare a monthly reconciliation of credit card purchases and forward to Approving Official of record.

Approving Official will be responsible for reviewing the monthly credit card statement for appropriate use of State funds and approve all charges before forwarding to Accounts Payable.

Date: _____

Cardholder's Name: _____

Department: _____ MC: _____

Address: _____

Cardholder's Phone #: _____ E-Mail Address: _____

Dept Oracle Account #: _____ - _____ - _____ - _____ - _____ - _____

Per Transaction Limit (\$1,000 maximum): _____

Monthly Credit Limit: _____

Cardholder's Signature: _____ Date _____

Approving Official's Name: _____

Approving Official's E-Mail Address: _____

Approving Official's Phone #: _____

Approving Official's Signature*: _____ Date _____

By this signature, the Procurement Credit Card (PCC) Holder is hereby delegated the authority to make credit card purchases not to exceed \$1,000 per order for the account(s) listed above. In addition, this signature hereby authorizes the Approving Official (AO) to approve PCC purchases for the above referenced cardholder, not to exceed \$1,000 per transaction.

Dean, VP or AVP's Name (print) _____

Dean, VP or AVP's Signature _____ Date _____ Phone# _____

***I verify that the cardholder is an employee of San Diego State University**

.....**Accounts Payable Use Only**.....

Accounts Payable Manager's Approval: _____