



New Update Red ID# _____

**Procurement Credit Card Program (PCC)
REQUEST FOR PARTICIPATION**

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.

Cardholder must a San Diego State University employee to participate. Cardholders will be responsible for making direct contact with vendors and ordering commodities **and services with incorporated companies** 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 the Approving Official of record. Cardholders are authorized to make purchases on the Campus Marketplace website and agree to its terms and conditions.

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. Approving Officials agree to hold the Cardholders accountable to the Campus Marketplace terms and conditions.

Date _____ Would you like a Campus Marketplace Account? Yes No

Cardholder's Name _____

Department _____ MC _____

Address _____

Cardholder's Phone # _____ E-Mail Address _____

Dept Oracle Account # (see page 2)

Per Transaction Limit (\$4,000 maximum) _____

Monthly Credit Limit _____

Cardholder's Signature _____ Date _____

Approving Official's Name (print) _____ Approving Official's E-Mail Address _____ Approving Official's Phone # _____ Approving Official's Signature* _____ Date _____ <small>*I verify that the cardholder is an employee of San Diego State University</small>

By this signature, the Procurement Credit Card (PCC) Holder is hereby delegated the authority to make credit card purchases not to exceed \$4,000 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 \$4,000 per transaction. Dean, VP or AVP's Name (print) _____ Dean, VP or AVP's Signature _____ Date _____ Phone# _____
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Please complete page 2 with Oracle account strings

Cardholder's Name: _____

Below is a standard list of natural accounts that will automatically be added to your account selection for the requested PCC card. Additional accounts may be added.

- 61620 - IT SOFTWARE – INCL LICENSES, MAINTENANCE AND SUPPORT
- 66006 - POSTAGE – FED EX
- 66030 - SUPPLIES (CONSUMABLE)
- 66032 - SERVICES
- 66060 - MEMBERSHIPS AND SUBSCRIPTIONS
- 66061 - DUES
- 66140 - TRAINING AND PROFESSIONAL DEVELOPMENT
- 66410 - OFFICE SUPPLIES CONTRACT

Standard Dept Oracle Account:

ORG		ACTY		NACCT		ENDVR		FUND		FUNC
	-		-	See Above	-		-		-	
	-		-	See Above	-		-		-	
	-		-	See Above	-		-		-	
	-		-	See Above	-		-		-	
	-		-	See Above	-		-		-	

Additional Department Oracle Accounts:

ORG		ACTY		NACCT		ENDVR		FUND		FUNC
	-		-		-		-		-	
	-		-		-		-		-	
	-		-		-		-		-	
	-		-		-		-		-	
	-		-		-		-		-	
	-		-		-		-		-	
	-		-		-		-		-	
	-		-		-		-		-	

RETURN FORM TO:
Accounts Payable Manager - MC 1611

Accounts Payable Use Only-----

Accounts Payable Manager's Signature Print Name Date