

California State University, Monterey Bay

Procurement Card Application

SECTION 1 - Cardholder Information

| | |
|---|---------------------|
| Cardholder Legal Name | Otter ID |
| Email Address @csumb.edu | Campus Phone Number |
| Department Name | Title |
| Division Name | Bldg Name |
| Default Chart String: MB000 | |
| Business Unit | Fund |
| Account | Dept ID |
| Class | Project |
| Program | |

SECTION 2 - Primary Approving Official Information (The approver must be authorized to sign for the above chart string)

| | |
|---|---------------------|
| Last Name | First Name |
| Title | Campus Phone Number |
| Email Address @csumb.edu | |

SECTION 3 - Card Information

| | |
|---|--|
| Standard Default Limits: Single Transaction \$ <u>2,500</u> Limit Monthly Dollar \$ <u>5,000</u> | Alternative Limits: Single Transaction Limit: \$ _____ Monthly Dollar Limit: \$ _____ |
|---|--|

All procurement activities must be in compliance with the guidelines defined in the Procurement Card Handbook. Failure to adhere to policies and procedures may result in suspension or revocation of the card.

As a Procurement Cardholder with Cal State Univ Monterey Bay, state law requires personnel in such identified positions to complete the Ethics and Conflict of Interest training and file a financial disclosure statement Form 700. The Form 700 must be completed prior to issuance of the Procurement Card. For Conflict of Interest questions, please contact University Personnel.

SECTION 4 - Signatures/Approvals

As Approving Official, I approve the issuance of the University Procurement Card to this individual, and agree to serve as Approving Official for this Procurement Cardholder, including compliance with the Procurement Card Guidelines.

| | |
|------------------------------|------|
| Approving Official Signature | Date |
|------------------------------|------|

As Cardholder, I have read and understand the Procurement Card policies and guidelines. I agree to accept responsibility for the protection and proper use of this Procurement Card.

| | |
|----------------------|------|
| Cardholder Signature | Date |
|----------------------|------|

SECONDARY APPROVING OFFICIAL: (Optional)

I agree to serve as a backup Approving Official for this Procurement Cardholder.

| | | |
|--------------|-----------|------|
| Name (Print) | Signature | Date |
|--------------|-----------|------|

| | | | | | |
|------------|-----------|------------|-----------------------|---------------|------------------|
| Order Date | CFS Entry | Email List | Complete COI Training | User Training | Agreement Signed |
|------------|-----------|------------|-----------------------|---------------|------------------|