



PROCUREMENT CARD CARDHOLDER ACCOUNT FORM

NEW
 CHANGE
 DELETE
 # 1280
 (FOR CHANGE OR DELETE ONLY)
 CARDHOLDER ACCOUNT # _____
 (Last Six Digits Only)

CARDHOLDER INFORMATION (ALL FIELDS REQUIRED)

CARDHOLDER NAME (24 CHARACTERS)	CSU EMPLOYEE ID NUMBER	DATE OF BIRTH
DEPARTMENT NAME	EID LOG NAME	MOTHER'S MAIDEN NAME OR PASSWORD (10 Characters Max)
DEPARTMENT #	REALLOCATOR GROUP (if known)	CELL PHONE
DEPARTMENT ADDRESS (4 DIGIT CAMPUS DELIVERY)	CSU EMAIL ADDRESS	
CITY	STATE CO	ZIP CODE (INCLUDE DEPARTMENT CODE)

APPROVING OFFICIAL SECTION (ALL FIELDS REQUIRED)

DEFAULT ACCOUNT # AND OBJECT CODE (11 DIGITS)	CYCLE SPENDING LIMIT (\$25,000.00 MAX / MONTH)	# TRANSACTIONS PER CYCLE
	\$ _____	
	SINGLE PURCHASE LIMIT (\$3,000.00 MAXIMUM)	# TRANSACTIONS PER DAY
	\$ _____	
REALLOCATOR NAME-IF NOT CARDHOLDER	REALLOCATOR EMAIL ADDRESS	
APPROVING OFFICIAL NAME	APPROVING OFFICIAL EMAIL ADDRESS	
DOES APPROVING OFFICIAL REPORT TO THIS CARDHOLDER?	Y <input type="checkbox"/>	N <input type="checkbox"/>
APPROVING OFFICIAL SIGNATURE	DATE	

BUSINESS NEED JUSTIFICATION

University Fiscal Rules require that all expenditures by University departments and their employees are for official University purposes only, and are reasonable and necessary under the circumstances. PCARDS are for conducting official University business only. Before receiving a University-issued PCARD, it must be established that the employee has a **business need** for the card.

- Employees's duties include regularly buying goods and services for CSU that cannot be done entirely through either Shop Catalogs or APO/DV in KFS.
- Employee is responsible for critical operations and needs a PCARD for occasional, but urgent, purchases that cannot be done through either Shop Catalogs or APO/DV in KFS.
- Employee is a Business Officer or Supervisor and requires the ability to make purchases on behalf of the dept. or unit that meet all applicable requirements of CSU Financial Policies.

As the Department Head or Director*, I accept the risk to the department's account for all charges made on the employee's PCARD, including, but not limited to, charges that are unauthorized, violate PCARD rules, or otherwise cannot be approved.

 Department Head or Director Signature* Date

(*Dean or VP if applicant is a Department Head or Director)

OFFICIAL FUNCTION STATUS

(Complete this section ONLY if official function status is requested for the Cardholder) ²

By completing this section of the form, the undersigned acknowledges that he/she understands and will comply with all applicable University Policies and Procedures related to official function expenditures. Any/all transactions made in connection with an official function event must have the approval of an authorized official function representative who is properly delegated that authority and that approval will be documented and filed with the transaction record. In any event, the authority for approving the official function transaction and responsibility for documenting the expenditure rests with the delegated official function approver.

- Limited Cardholder Access** (small purchases at grocery stores, department stores, etc.). Employee's duties include buying goods and supplies for official function events. This limited approval is made to allow the employee to make these purchases under the express direction of the authorized official function delegate.

Cardholder Signature _____
Date

Delegated Official Function Approver Signature _____
Date

- Cardholder Access to Hospitality Merchants** (restaurants, catering, hotel conference room charges). Employee's duties include planning and scheduling official function events. This approval is made to allow the employee to make these purchases under the express direction of the authorized official function delegate for specific documented official function activities.

Cardholder Signature _____
Date

Delegated Official Function Approver Signature _____
Date

Dean or VP Signature _____
Date
(required if not same as Delegated Approver)

PURCHASING USE ONLY

MCCG: _____ HIERARCHY LEVEL L6 Name _____ L6 Number _____

INCLUDE _____
PURCHASING AUTHORIZATION _____ SIGNATURE _____ DATE _____

DATA ENT _____ CARD ORD _____ CH TRND _____ CRD REC'D _____ CARD PREP (ACCESS _____, KFS _____, BANK CK _____) CH EMAIL _____