US Bank Purchasing Card Application

"ProCard"

Date: ____________________

Employee Information

FirstName: ___________________________________________ Last Name: ______________________

Department: ________________________________________ E-Mail Address: ______________________

Phone #: __________________________________________ Location: ____________________________

Do you have access to PeopleSoft Financials?  ☐ Yes ☐ No

If you checked "NO", you will need to request access to PeopleSoft Financials prior to receiving your ProCard. Access is needed to reconcile your monthly statement. The tutorial on how to request access can be found on the Procurement Services webpage:

https://afd.calpoly.edu/cprm/pcard.asp

Monthly Credit limit requested*  *Please note that a credit limit over $10,000, will need approval from the Director of Strategic Business Services

__________________________________________  *Single purchase limit on all accounts is $3,500 unless a lesser amount is requested.

Chart of Account Information

<table>
<thead>
<tr>
<th>Fund</th>
<th>Dept. ID</th>
<th>Account #</th>
<th>Program</th>
<th>Project</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant Signature: ___________________________________________ Date: ______________________

Per ICSUAM 3103.03, the **Approving Official** must comply with CSU procurement card policy and with Cal Poly procurement rules. The Approving Official must ensure the charges are appropriate, adequate documentation is received, and if violations are identified the ProCard Program Administrator is notified. **NOTE:** An approving official is defined as an employee with a classification of MPP, Department Head, Department Chair or Confidential Employee.

If any information provided in this Application Form changes, the cardholder is responsible for notifying the ProCard Program Administrator by filling out a Revision Request Form found on our website.

Name of Approving Official  Title of Approving Official ________________________________

Approving Official: Signing below, confirms you have read the ProCard Policy Manual and understand your role and responsibilities in the reconciliation process.

Signature of Approving Official: ___________________________ Date: ______________________

Approving Official Email Address: ___________________________ Signature of Dept. Chair

Name of Dept. Chair (If applicable) ___________________________ (If applicable)

Please e-mail completed application with all signatures to:  sbs-procurement@calpoly.edu - Attn: Anya Knotts or email aknotts@calpoly.edu

Questions? Contact Anya Knotts, ext. 6-5187