

California State University, Monterey Bay Declining Balance Card Application

SECTION 1 - REQUESTER (PROGRAM/CARDHOLDER INFORMATION)

Program Name _____		Cardholder Name _____	
Email Address _____ @csumb.edu		ID Number (e.g. OTTER1234) _____	Title _____
Department Name _____		Bldg Name _____	Campus Phone Number _____
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 _____		Email Address _____ @csumb.edu	Campus Phone Number _____

SECTION 3 - CARD INFORMATION

Program Dates: Start: _____ (Pre Date) End: _____ (Post Date)	Program Budget/Spending: Total Amount: \$ _____
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All declining balance card activities must be in compliance with the guidelines defined in the Declining Balance Card Handbook. Failure to adhere to policies and procedures may result in suspension or revocation of the card.

As a Declining Balance 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 Declining Balance Card. For Conflict of Interest questions, please contact University Personnel.

SECTION 4 - SIGNATURES/APPROVALS

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

Approving Official's Signature _____	Date _____
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As **Cardholder**, I have read and understand the Declining Balance Card policies and guidelines. I agree to accept responsibility for the protection and proper use of this Declining Balance Card.

Cardholder's Signature _____	Date _____
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SECONDARY APPROVING OFFICIAL: (Optional)

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

Name (Print) _____	Signature _____	Date _____
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For Use by Procurement				
Order Date	Notify HR/ASM	Pcard/ Email List	COI Training	CFS Access