



California State University, Monterey Bay Procurement Card Application

SECTION 1 - Cardholder Information

Cardholder Legal Name _____		Otter ID _____	
_____ @csumb.edu		_____	
Email Address _____	Campus Phone Number _____	Title _____	
Department Name _____	Division Name _____	Bldg Name _____	
Default Chart String: _____	_____	_____	_____
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 _____	
_____ @csumb.edu		_____	
Title _____	Email Address _____	Campus Phone Number _____	

SECTION 3 - Card Information

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

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. All procurement card 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.

SECTION 4 - Spending Justification

Please provide a business justification of why your department needs a credit card:

SECTION 5 - 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

Rev. 03/2024

For Use by Procurement					
_____	_____	_____	_____	_____	_____
Order Date	CFS Entry	Email List	Complete COI Training	User Training	Agreement Signed