

Fresno State Procurement Card Application

Date: _____

Name: _____ Email Address: _____ Employee Id: _____

Single Transaction Limit: _____ Monthly Credit Limit: _____

As a cardholder, I agree to comply with the terms and conditions of this Agreement and the applicable provisions of the Procurement Card Manual ("Manual"), including revisions. I acknowledge receipt of the Manual, and confirm that I have read and understood its terms and conditions.

As the holder of a Procurement Card ("ProCard"), I agree to accept responsibility for the protection and proper use of it as outlined in this Application and the Manual. I understand that the University will audit the use of my Procurement Card. I understand that I cannot use the Procurement Card for the restricted commodities or prohibited uses as detailed within the ProCard Manual. I understand that commodities, where University Master Agreements are in place, must be purchased from the University's contract suppliers.

I further understand that improper use of the ProCard may result in disciplinary action up to and including termination of employment. Should I fail to use the ProCard properly, I authorize the University to deduct from my salary an amount equal to the total of the discrepancy. I also agree to allow the University to collect any amounts owed by me, even if the University no longer employs me. If the University initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay all legal fees included by the University in such proceedings. I understand the University may terminate my rights to use the ProCard at any time for any reason. I agree to return the ProCard to the University immediately upon request or upon termination of employment.

Cardholder's Signature: _____ Dept. Name: _____

Dept. Street Address: _____ Mail Stop: _____

City: _____ State: _____ Zip Code: _____ Campus Phone: _____

Cell Ph: _____

Default PeopleSoft Chartfields: Account: _____ Fund: _____ Org: _____ Class: _____ Project: _____

I hereby certify that I have reviewed all requirements and related obligations that are required of me an Authorized Approver for the US Bank Procurement Card program as described in Section V of this Handbook, "Procedures – Approving Official." By Signing below, I hereby agree to abide by all requirements of the US Bank Procurement Card program, and will ensure that I will stay current with Program requirements as disseminated by the Procurement and Support Services Department

I will be directed what to purchase **or** **I will make decisions on my own of what to purchase**
Initial

Approving Officer's Name: _____ Approver's Email Address: _____

Approver's Signature: _____

Alternate Approver's Name: _____ Alternate Approver's Email: _____

Alternate Approver's Signature: _____

Internal Use Only

I have received in person training and Procard: _____ Date: _____

Emailed signed application to: Kevin Taloza (taloza@mail.fresnostate.edu)

Questions? Contact Kevin Taloza, (559) 278-2111