## Fresno State Procurement Card Application

Date:				
Name:	Email Address:		Employee Id:	
Single Transaction Limit:		Monthly Credit	Limit:	
As a cardholder, I agree to comply of Card Manual ("Manual"), including terms and conditions.				
As the holder of a Procurement Cathis Application and the Manual. It use the Procurement Card for the rommodities, where University Ma I further understand that imprope Should I fail to use the ProCard prodiscrepancy. I also agree to allow the University initiates legal proceeding. I university in such proceedings. I unagree to return the ProCard to the	understand that the Universetricted commodities of ister Agreements are in pur use of the ProCard may inperly, I authorize the University to collect and gs to recover amounts own derstand the University	rersity will audit the use r prohibited uses as det place, must be purchase result in disciplinary act iversity to deduct from my amounts owed by mander this A may terminate my right	e of my Procurement Card. I tailed within the ProCard M and from the University's con ction up to and including ter my salary an amount equal e, even if the University no greement, I agree to pay all tots to use the ProCard at an	understand that I cannot anual. I understand that tract suppliers. rmination of employment. to the total of the longer employs me. If the legal fees included by the
Cardholder's Signature:	Dept. Name:			
Dept. Street Address:		Mail Stop:		
City:	State:	Zip Code:	Campus Phone:	
Cell Ph:				
Default PeopleSoft Chartfields: Acc	ount: Fui	nd: Org:	Class:	Project:
I hereby certify that I have reviewed Bank Procurement Card program a agree to abide by all requirements requirements as disseminated by th	s described in Section V o of the US Bank Procurem	of this Handbook, "Proc nent Card program, and	edures – Approving Official. will ensure that I will stay c	" By Signing below, I hereb
I will be directed wha	t to purchase c	or I w	vill make decisions on my o	wn of what to purchase
Approving Officer's Name:		Approver's Email Address:		
Approver's Signature:				
Alternate Approver's Name:		Alternate	Approvers Email:	
Alternate Approver's Signature:				
<u>Internal Use Only</u>				
I have received in person training a	nd Procard:		Date:	

Emailed signed application to: Antoinette Castanon (acastanon@mail.fresnostate.edu)

Questions? Antoinette Castanon, (559) 278-2111