



**PROCUREMENT CARD
CARDHOLDER ACCOUNT FORM**

This form must be typed or it will be returned to the cardholder.

NEW
 CHANGE
 DELETE
 Corporation # 1280
 (FOR CHANGE OR DELETE ONLY)
 CARDHOLDER ACCOUNT # _____

CARDHOLDER INFORMATION (ALL FIELDS REQUIRED)

CARDHOLDER NAME (24 CHARACTERS)	CSU EMPLOYEE ID Number	DATE OF BIRTH
DEPARTMENT NAME (ADDR1)	MOTHER'S MAIDEN NAME OR PASSWORD	Eid Log Name
DEPARTMENT ADDRESS (CAMPUS DELIVERY) (ADDR2)	WORK PHONE	
CITY	STATE	ZIP CODE (INCLUDE DEPARTMENT CODE)
EMAIL ADDRESS	DEPARTMENT #	

APPROVER SECTION (ALL FIELDS REQUIRED)

DEFAULT ACCOUNT # AND OBJECT CODE (11 DIGITS)	CYCLE SPENDING LIMITS (PER MONTH)	
	\$ _____	
SINGLE PURCHASE (MAXIMUM \$3000.00)	# AUTHORIZATIONS PER DAY	# TRANSACTIONS PER CYCLE
\$ _____	_____	_____
WILL CARDHOLDER BE REALLOCATING HIS/HER OWN TRANSACTIONS?	Y	N
REALLOCATING FOR OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
REALLOCATOR NAME-IF NOT CARDHOLDER	REALLOCATOR EMAIL ADDRESS	
APPROVER NAME	APPROVER EMAIL ADDRESS	
DOES APPROVER REPORT TO THIS CARDHOLDER?	Y	N
IS THE APPROVER TO BE NOTIFIED WHEN THE CARD ARRIVES?	<input type="checkbox"/>	<input type="checkbox"/>
APPROVER SIGNATURE	DATE	

PLEASE SUBMIT FORM TO PURCHASING, 6010 CAMPUS DELIVERY

PURCHASING USE ONLY

MCCG:	HIERARCHY LEVEL L6 Name	L6 Number
INCLUDE	_____	_____
PURCHASING AUTHORIZATION	SIGNATURE	DATE
John Swaro	_____	_____
DEFAULT APPROVED ___ CARD ORDERED ___ CARD RCVD ___ CH EMAILED ___ CH DATA ENTRY (KFS ___ ACCESS ___ PROCARD ___) TR DATE _____		