



CalCard Program Procurement Card Application

Date: _____

Full Legal Name (first, last): _____

Campus/Center Location: _____

Department: _____

Telephone and Extension: _____

E-Mail Address: _____

Check one: Staff Faculty

Please describe the business need for requesting a Procurement Card below, and the types of purchases that your department/division will be making that require use of a credit card:

Note: Multiple cards requested within a division/department will need to be justified.

Signatures/Approval:

By applying for this Purchasing Card, I hereby affirm that I will follow all policies and procedures related to the use of the CalCard:

Applicant Signature: _____ Date: _____

Direct Supervisor Authorization. By signing below, I hereby approve this request.

Supervisor's Name: _____ Date: _____

Supervisor's Signature: _____

Approving Official Authorization (Dean, Director, or VP). By signing below, I hereby approve this request:

Dean/Director/VP Name: _____ Date: _____

Dean/Director/VP Signature: _____