

PURCHASING CARD APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Title: _____ Department: _____

Room/Office #: _____ Email address: _____

Spending Level: _____ Phone Number: _____

Spending Levels		
	Single	Monthly
Level 1	\$500	\$1,000
Level 2	\$1,500	\$3,000
Level 3	\$2,500	\$5,000
Level 4	\$4,000	\$8,000
Level 5	\$6,000	\$12,000

Spending levels are based upon the annual usage report for the Fiscal Year.
If the cardholder requires a higher spending level, then provide justification:

Budget Administrator's Name & Signature

Date

Purchasing Cardholder Responsibilities:

1. By the 10th of the month, the statement with original receipts shall be submitted to the Program Administrator.
2. Every transaction line must include the appropriate budget code.
3. A Missing Receipt form must be used for any transaction without backup and submitted with the monthly statement.
(Reference: Purchasing Card Policies and Procedures for information and form)
4. A copy of an approved Travel & Conference form must accompany the monthly statement, if the Cal-Card was used for Travel & Conference.
5. Immediately report a lost or stolen Cal-Card to US Bank and the Program Administrator.
- If you suspect the Cal-Card was compromised or suspicious activity appears on the monthly statement, immediately contact US Bank at (800) 523-9078, Government Services to report. The 16-digit account number and the telephone number associated with the Cal-Card will be needed for verification. The cardholder must also notify the Program Administrator.
6. Any violations of the Purchasing Card Policies and Procedures by the individual cardholder may result in suspension or permanent cancellation of the Cal-Card. This includes failure to submit monthly statements in a timely manner.

I have read the Purchasing Cardholder Responsibilities and the Purchasing Card Policies and Procedures.

Initials

Applicant's Signature

Date

For Purchasing Department Use Only		
Date Received	Date Processed	Processed by:
Approved by: _____		
Program Administrator		Date