

**CAL POLY POMONA UNIVERSITY  
PROCUREMENT CARD PROGRAM  
Participant Application**

*Submit form to Procurement Card Program at [p-card@cpp.edu](mailto:p-card@cpp.edu)*

Eligible employees to obtain a state procurement card include full-time staff or faculty with a minimum appointment of 6 months or longer. Employee(s) not eligible for a procurement card includes temporary employees (appointment less than 6 months), Cal Poly Pomona Foundation employees, Associated Students Inc. employees, retired annuitants, volunteers, and student assistants.

Cardholders are delegated the authority to make low-value purchases up to the limits specified below, preferably \$1000 or less (including tax, shipping and handling) without the approval of the Procurement Office.\*Higher limits maybe subject to obtain approval.They are responsible for making direct contact with vendors and ordering commodities using the procurement credit card. Cardholders will prepare a monthly reconciliation of their credit card purchases along with receipts/invoices and obtain their Approving Official's signature. The Approving Official is responsible for reviewing and approving all monthly credit card reconciliation before it is sent to the Procurement and Support Services Department.

You will be notified when the card is available, and a training session will be scheduled.

**Cardholder**

**Name:** \_\_\_\_\_  
(Please type or print)

**Title:** \_\_\_\_\_  
(Please type or print)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Building Number:** \_\_\_\_\_

**Room Number:** \_\_\_\_\_

**Cardholder EMAIL:** \_\_\_\_\_

**Telephone Ext:** \_\_\_\_\_

**Monthly Spending Limit:** \_\_\_\_\_ **Single Transaction Limit:** \_\_\_\_\_

<b>Department Chartfield String:</b>					
	Account (6 digits)	Fund (5 digits)	Dept ID (5 digits)	Program (4 digits)	Class (5 digits)

*Approving Official must be at least one level above the cardholder and must have signature authorization on the chartfield fund and department listed on this form.*

**Approving Official's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Please type or print)

**Department Participation Approval:**

**Department Head/Dean:** \_\_\_\_\_  
(Please type or print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_