CSU FULLERTON
Auxiliary Services Corporation
Serving the University in the Spirit of Excellence

Purchasing Card Application

APPLICATION/APPROVAL FORM

Applicant's Name: _____

Department Name:_____ Bldg. Room# ____ _____

Department Mailing Address:_____

Phone Number: _____ E-mail: _____

Campus Wide Identification Number (CWID #):_____

Default project(s) to be charged: _____

Monthly $ Limit Request ($5,000 Maximum): _____ Single purchase Limit Request: _____

Award Period (For Grants and contracts projects number) _____

Explanation for why the card is needed : _____

Max. Transactions per Month: _____ Max. Transactions per Day:_____

Department contact for Audit/Reconciliation:

Name _____ Phone_____E-mail _____

I agree to adhere to the ASC policies and procedures and to sign the Cardholder Purchasing Card Agreement before a Purchasing Card will be issued. Upon the issuance of a card, I understand that I will be personally responsible for any abuse, misuse or purchases of prohibited items. I also understand that failure to submit all required documents in compliance with purchasing card policy deadlines may result in revocation of my card.

_____ _____ _____
Applicant Name (Print/Type) Applicant Signature Date

I hereby approve the applicant, listed above, for issuance of an ASC Purchasing Card. I assure that the monthly reconciliation of all statements will be done, as required, and all documentation retained. I understand that the improper use of this card by this individual may result in revocation of the card.

_____ _____ _____
Department Head/Supervisor Name (Print/Type) Department Head or Supervisor Signature Date

_____ _____ _____
Division Head or Designee (Print/Type) Division Head or Designee Signature Date

Approved:

_____
ASC Executive Director / Director of Finance & Administration / Controller

ASC Office Administrator _____By _____