New Card Application - Procurement Card Program

Return completed application to:
Procurement Card Specialist - sdsurfpcard@sdsu.edu Phone: (619) 594-5622

Cardholder Information

Legal Name: Red ID#:

E-mail Address:

Department / Mail Code:

Business Address: Business Phone:

City: State: Zip Code:

As the cardholder, I have read and fully understand the procurement card (PCard) policies and procedures as described in the Procurement Card Policies and Procedures Manual. By signing below, I agree to uphold PCard policies and procedures, the cardholder agreement, and accept responsibility for the proper use and protection of the PCard.

Cardholder Signature: Date:

Authorized Approver

Name: Red ID#:
E-mail Address: Phone Number:

As approving manager, I have read and fully understand the procurement card policies and procedures as described in the Procurement Card Policies and Procedures Manual. By signing below, I agree to uphold PCard policies and procedures, the approving manager agreement, and perform my approving responsibilities within the allotted deadlines.

Approving Manager Signature: Date:

Principal Investigator or Project Director Information

Cardholder Limit Requested (Select one below)

- ☐ Single Transaction Limit $1,000 / Monthly Limit $5,000
- ☐ Single Transaction Limit $3,500 / Monthly Limit $10,000
- ☐ Single Transaction Limit $4,999 / Monthly Limit $20,000 (may require discretionary funds)

I hereby delegate authority to the cardholder listed above to use the SDSURF PCard as a procurement tool to acquire goods and services related to the Org(s) code(s) listed below and authorize SDSURF to issue a PCard in the applicant's name with the cardholder profile and cardholder limits indicated above. In addition, I delegate the review/approval of the transactions to the above named individual with full knowledge that I assume ultimate responsibility for all expenditures within the Org(s) code(s) listed below.

Cardholder Org Code(s):

Type or Print Name of PI or Project Director:

Principal Investigator or Project Director Signature: Date:

SRA Administrator Information

Cardholder Limit of $4,999/$20,000 Requires Discretionary Funds ☐ Yes ☐ No

If yes, provide numbers: Fund: Account: Org:

Card Type and Card Logo (Select one)

☐ SDSU Research Foundation ☐ Campanile Fund

Type or Print Name of SRA Grant Specialist/Manager: By signing below, I confirm that the approving manager named above is a salaried SDSU/SDSURF employee. The approving manager has signature authority on the above listed Org code(s) and associated funds and is therefore eligible to participate in the PCard program.

Type or Print Name of SRA Grant Specialist/Manager:

SR Grant Specialist Signature: Date:

SRA Manager Signature: Date:

Internal PCard Administrator Use Only

Approving Official ID: Card Number: