



P-CARD ACCOUNT REQUEST FORM

University Hall 180
Phone: (818) 677-2301
Fax: (818) 677-6544
Mail Code: 8231

Submit this completed form via the pcardhelp link or email the form to pcardhelp-l@csun.edu.

EMPLOYEE INFORMATION:

First Name: Last Name: CSUN ID:
Title: Job Code:
Email: Job Status: Perm Temp End Date:
Department Name: Ext: Location/Mail Code:
Final Approver Name: Final Approver Email:

CHARTFIELD DEFAULTS:

Acct: Fund: Dept ID: Program: Class: Project/Class:
Single Transaction Limit: Monthly Limit:

APPROVAL:

I am requesting a P-Card account to be established for the employee identified above. I have verified that the state employee* is not a student assistant.

*Memorandum of Agreement for the use of procurement card is required for non-state employees.

Financial Approver: Date:
Print Name: Ext:
DFO: Date:
DFO signature required if requested by the college

Limits exceeding \$25,000 require Associate Vice President, Financial Services Approval.
Justification:

Associate Vice President, Financial Services: Date:
Print Name: Ext:

FOR PURCHASING & CONTRACT ADMINISTRATION USE ONLY:

Table with 3 columns: Action, Date, P&CA Initials. Rows include Verified - Authorized Signature, P-Card Ordered, P-Card Returned/Destroyed, De-activate US Bank Access.

Purchasing & Contract Administration Approval: Date Received:
Name of Approver