

Procurement Card Application Form

Cardholder must be a full-time employee, not temporary employees or students.

Campus employees: Email to creditcard@ucsf.edu the completed application, Department Agreement Form & Training Certificate

Medical Center employees: Email to Brian.Leonard@ucsf.edu and Greg.VanRiper@ucsf.edu the completed application, Department Agreement Form, Training Certificate and written business justification for the application.

Cardholder Name: _____

Employee ID Number: _____ **Department Name:** _____

Department Address:

DEFAULT COA CHARTSTRING

Cost Center (Med Center):

Business Unit: _____

Account: _____

Fund: _____

Department ID: _____

Project: _____

Activity Period: _____

Function: _____

Flexfield: _____

Phone Number: _____ **Mail Code (Box #):** _____

ACKNOWLEDGEMENT:

As a P-Cardholder and Reviewer/Approver, we understand our responsibility for ensuring all purchases made on the P-Card are for valid business purposes and in accordance with restrictions and directions in the P-Card guidelines and UCOP Policy BUS-43. We are also responsible for ensuring timely review and approval through our US Bank Access online by the 15th calendar day after statement end date. All supporting documents are retained by the department and forwarded to the Card Program Office upon request. Failure to follow procedures will result in suspension/termination of card privileges. We understand that we must complete the required [P-Card trainings](#) prior to receiving the card.

The P-Card will be processed within 10 business days upon receipt of the following forms: P-Card Application, [P-Card Department Agreement Form](#), and successful completion of the [P-Card Overview and Policy Training](#) must be completed prior to processing your application.

Cardholder Signature **Date**

Authorized Department Approver Signature **Date**

Print Name/Title: _____

Reviewer/Approver Signature **Date**

Print Name/Title: _____

Optional/Back Up Reviewer/Approver Signature **Date**

Print Name/Title: _____

For SCM Use Only:

Receive Date: _____

Approved By: _____

Process Date: _____