

CSU CREDIT CARD PROGRAM
PARTICIPANT NOTIFICATION

RETURN FORM TO:
Marysia Wancewicz, Financial Analyst
Budget Office, Bell Tower East 1762

Please complete the following information for each card requested. The cardholder's name will appear on the credit card *exactly* the way it reads on this form.

Cardholder will be responsible for making direct contact with vendors and ordering commodities using the procurement credit card. Cardholder will prepare monthly reconciliation of credit card purchases in PeopleSoft and submit their backup monthly to the budget office with the printed and signed ProCard Adjustment Report.

Monthly \$ Limit: \$_____
(NOTE: increments of \$100 only)

Single Transaction Limit: \$_____
(NOTE: increments of \$100 only)

Default Chatfield

Account Fund Department Program Project

Cardholder's Name: _____

Cardholder's Employee ID #: _____

Cardholder's Signature _____

Telephone Number: _____

Approving Official's Name: _____

Approving Official's Signature _____

DEPARTMENT PARTICIPATION APPROVAL:

SIGNATURE: President or designee

Joanne Coville DATE: _____

For Budget Office Use:

Card Ordered by: _____

Date: _____

HR Notified of new cardholder

Date: _____