

Sonoma State University  
**Procurement Program Participation Request Form**

Please return form to:

Financial Services, Contracts & Procurement Office, Salazar Hall, Room 2051

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

Cardholders will be responsible for making direct contact with vendors and ordering approved goods and services using the procard. Cardholders will prepare monthly reconciliation of procard purchases and forward to Accounts Payable-Procurement.

Approving Official will be responsible for reviewing the Monthly Procurement Purchase Report and approving it before it is sent to Accounts Payable-Procurement.

Department: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cardholder Email Address: \_\_\_\_\_

Approving Official Name: \_\_\_\_\_

Approving Official Email Address: \_\_\_\_\_

Back-Up Cardholder Name: \_\_\_\_\_  
(Documentation back-up only)

Back-Up Approver Name: \_\_\_\_\_  
(Cannot be Cardholder)

Transaction \$ Limit: \$ \_\_\_\_\_  
(If less than \$2500.)

30-Day \$ Limit: \$ \_\_\_\_\_

PeopleSoft Default Chartfield String: \_\_\_\_\_  
Account Fund Department

Participation Approval By: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean/Department Senior Director

\_\_\_\_\_  
Print Name