CAL STATE LA UAS
AUXILIARY SERVICES INC.

Purchasing Card Application/ Approval Form

Applicant's Name: _____

Department Name:_____ Bldg. Room# ____ _____

Department Mailing Address:_____

Phone Number: _____ E-mail:_____

Campus Wide Identification Number (CWID #):_____

Default Chartfield # to be charged: _____

Reason for the card (required) _____

Monthly $ Limit Request ($1,000 Maximum): _____ Single purchase Limit Request: _____

Award Period (For Grants and contracts projects number) _____

Max. Transactions Per Month: _____ Max. Transactions Per Day: _____

Department contact for Audit/Reconciliation:

Name _____ Phone_____E-mail _____

I agree to adhere to the UAS policies and procedures and to sign the Cardholder Purchasing Card Agreement before a Purchasing Card will be issued. Upon the issuance of a card, I understand that I will be personally responsible for any abuse, misuse or purchases of prohibited items. I also understand that failure to submit all required documents in compliance with purchasing card policy deadlines may result in revocation of my card.

_____	_____	_____
Applicant Name (Print/Type)	Applicant' Signature	Date

I hereby approve the applicant, listed above, for issuance of an UAS Purchasing Card. I assure that the monthly reconciliation of all statements will be done, as required, and all documentation retained. I understand that the improper use of this card by this individual may result in revocation of the card.

_____	_____	_____
Department Head/Supervisor Name (Print/Type)	Department Head or Supervisor Signature	Date

Required Department Head/Supervisor's Campus Wide Identification Number (CWID) # for approval: _____

_____	_____	_____
Division Head or Designee (Print/Type)	Division Head or Designee Signature	Date

Approved:

_____
UAS Executive Director

UAS Office Administrator _____By _____