California State University Stanislaus PCard Cardholder Agreement – Managed Spend for 2021- 2022 Fiscal Year

Date:			New Card	New Card		late	
Name of Cardholder:			Employn	Employment Status: Permar		emporary	End Date
Dept.:			Telephone #:				
the limits establis Managed Spend I supporting itemiz signing, and forw each month. If a d	thed by the dop PCard billing red receipts to rarding the au card is lost, the mediately. If	epartment. The s using US Bar o the Cardholdouthorized staten the Cardholder of the card is stole	Cardholder ag hk Access On-I er's Approving nent to the PCa must notify US	rees to prepare Line. The Cardh Gofficial. The Administrat Bank (800-344)	a monthly state tolder further as Approving Officor to arrive on 64-5696), the Ap	ment to veri grees to forvicial is respondent for before the proving Of	rd for expenses within ify the accuracy of the ward the statement with onsible for reviewing, e first working day of ficial, and the PCard (3114) in addition to US
	der terminate	e employment v	with the Univer	rsity, the Cardho	older's departm		to another employee. ated to reclaim the PCard
understand that the year. The PCard	anaged Spende approving cannot be use the fiscal year	d PCard, I agree officials' signated to purchase ed listed below ar	cures below esta equipment over and will be decli	ablish the authors: \$500. The Marined once the lin	rization for pure naged Spend Po	chases durin Card is limit	er use of this card. I g the designated fiscal ted to a total orized Cardholder
Default Chart String	Business Unit	Account	Fund	Dept.	Program	Project	
form at http://ww This Managed S	w.csustan.ed	u/FinancialServ	<u>vices/</u> if no PCa	ard speedchart e	xists for the che	art string.	Use the speedchart reques
Vendor/Services			timated Amou	ınt	Vendor/Services		Estimated Amount
		\$ \$					\$
		\$					\$
		\$					\$
Fiscal Year Lim	it (total for al	ll vendors listed	l above) \$	Tr	ansaction Lim	it: \$	
·			Signature_	Signature			e:
APPROVAL TO be required.) ISSUE A N	MANAGED SE	PEND PCARD): No pre-author	rization for exp	enditures or	n this PCard will
Approving Office	cial: (Individu	ual in departme	nt authorized to	o approve expe	nses.)		
Printed Name			Signature_	Signature			te:
<u>Vice President</u> : (Vice Preside	ent of the division	on in which the	e cardholder is e	employed)		
Printed Name			Signature			Da	te: