



*This form is used to apply for a San José State University ProCard. The ProCard program allows cardholders to make smaller dollar purchases and Office Max purchases, ordering direct from vendors without the need of a Purchase Order, office supply requisition, petty cash, or personal expense to obtain goods. Services and travel related expenses are not allowed in this program. Complete all sections, obtain appropriate administrator's signature, and mail to Accounts Payable.*

*Cardholders are responsible for reconciliation of charges reflected in the monthly statement issued by the bank and for submitting receipts and food justifications to Accounts Payable in a timely manner. Failure to do so will result in a reduction of spending limit and, if continual, termination of privileges. Appropriate Administrators are responsible for reviewing and approving Cardholder expenditures prior to submittal to Accounts Payable. Cardholders must have email access, complete Synaptis training course, and attend training class prior to using the ProCard.*

**Cardholder Information**

Cardholder Name: _____	Cardholder Email: _____
Department: _____	Extended Zip: _____
Phone Number: _____	Fax Number: _____

**Spending Limits**

<b>Single Purchase Limit:</b> (cannot exceed \$5,000) _____ \$	<b>Monthly Purchase Limit:</b> (cannot exceed \$10,000) _____ \$
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**Default Chartfield**

<b>Account:</b> _____	<b>Fund:</b> _____	<b>Dept ID:</b> _____	<b>Class (optional):</b> _____	<b>Project (optional):</b> _____	<b>Program (optional):</b> _____
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**Authorization**

Cardholder Signature: _____	Date: _____
Appropriate Administrator <sup>1</sup> Signature: _____	Date: _____
Appropriate Administrator Name: _____	Title: _____
Appropriate Administrator Email: _____	Phone: _____

**For Accounts Payable Use Only:**

<input type="checkbox"/> Processed	<input type="checkbox"/> Denied	Code: _____
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<sup>1</sup> Appropriate Administrator must be a MPP.