



GROSSMONT-CUYAMACA
COMMUNITY COLLEGE DISTRICT

PROCUREMENT CARD APPLICATION AND CARDHOLDER LIMITED USE AGREEMENT

Use only official legal name as shown in employee records.

Name: _____ Date: _____
Last First Middle Initial **(Required or enter NMN)**

Location: ☐ District Services ☐ Cuyamaca College ☐ Grossmont College

Department: _____

Business Telephone: _____ Email Address: _____

Procurement Card Default:

☐ PCard	Key Code	_____/4310	30-Day Limit: \$
		SmartKey Spend Category	Single Purchase Limit:\$
☐ FUEL	Key Code	_____/4357	30-Day Limit: \$ 5,000
Student Travel		SmartKey Spend Category	Single Purchase Limit: \$1,500

Justification: *Select all that apply*

- ☐ No Admin Assistant
- ☐ In-Store Purchase EX: Albertsons, Vons, Smart & Final
- ☐ One-time purchase for unique items from Vendors that do not take POs. No Assets/ Inventory items
- ☐ Meeting Expenses (NO Catering Services) - Coordinators and Admin Assistants Only
- ☐ Travel and Hotels - Admin Assistants and travel coordinators Only

- Employee Travel cards are limited to employees coordinating travel arrangements.
- Meetings cards are limited to Admin Assistants ONLY and must have prior approval by District Business Office.
- Employees other than Admin Assistants require approval by the President / Vice Chancellor-Business Services.
- Emergency purchases must be related to threat to health, safety, and/or property.

It is the responsibility of the Direct Manager to contact Purchasing to cancel the card when it is no longer needed.

Applicant Signature

Supervisor Name

Supervisor Signature

Date

Site Business Officer Name

Site Business Officer Signature

Date

Purchasing Director Name

Purchasing Director Signature

Date

President/ Vice Chancellor Name

President / Vice Chancellor Signature

Date

All signatures are required.



GROSSMONT-CUYAMACA
COMMUNITY COLLEGE DISTRICT

CARDHOLDER LIMITED USE AGREEMENT

Please review the terms stated below and sign:

I agree to use this card only for approved business expenses incurred in accordance with District Procedures. I understand and acknowledge that use of the card may not be delegated to anyone other than myself as cardholder.

I have read the District Operating Procedures PU5 and/or PU7 and agree to abide by the procedures contained therein. I acknowledge that use of this card for any purpose other than GCCCD approved business expenses is prohibited and is grounds for corrective action, up to and including termination. In addition, I must reimburse GCCCD for such charges.

I agree to surrender the card immediately upon retirement, termination, or upon request of an authorized representative of GCCCD Purchasing and Contracts or Business Services Departments. I understand that use of the card after privileges are withdrawn is prohibited. I will not use this card to circumvent board policy.

I agree to only use this card for ☐ Student Travel ☐ Instructional Supplies ☐ Meeting/ Travel Expenses
Limited Exceptions, NO Assets No Catering Services

If the card is lost or stolen, I will immediately notify the issuing bank by telephone. I will confirm the telephone notification by mail to the issuing bank with a copy to the Purchasing and Contracts Department. I understand that failure to promptly notify the issuing bank of the theft, loss, or misplacement of the credit card could make me responsible for any fraudulent use of the card.

Bank Contact:

US Bank National Association
PO Box 6335, Fargo, ND 58125-6335
Customer Service: 800-344-5696

GCCCD Purchasing and Contracts Department:

Sr. Director, Purchasing and Contracts
8800 Grossmont College Drive El Cajon, CA 92020
Phone: 619-644-7585

Card Holder:

Name: _____

Signature: _____

Date: _____

Dept.: _____

Phone: _____

Business Officer:

Name: _____

Signature: _____

Date: _____

Dept.: _____

Phone: _____