



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

**Justification:** *Select all that apply*

- ☐ No Admin Assistant
- ☐ In-Store Purchase EX: \_\_\_\_\_
- ☐ One-time purchase for unique items from Vendors that do not take POs. No Assets/ Inventory items
- ☐ Meeting Expenses (NO Catering Services) - 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.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Site Business Officer Name

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Site Business Officer Signature Date

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
**President / Vice Chancellor Signature Date**

**All signatures are required prior to form being submitted to [District.Purchasing@gcccd.edu](mailto:District.Purchasing@gcccd.edu).**



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## 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 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: \_\_\_\_\_