PROCUREMENT CARDHOLDER ACCOUNT FORM INSTRUCTIONS

HEADER SECTION
Business Unit – Enter the business unit to which the cardholder belongs.
Request Type – Select whether the request is for a New Card, to submit a Change Request for an existing card, or to Cancel and existing card. If new, proceed directly to the Cardholder Information Section.
Cardholder Name – Identify the cardholder name.
Cardholder Account Number – Identify the last 6 digits of the cardholder account number.
Date – Identify the date of the request.

CARDHOLDER INFORMATION SECTION
Complete all of the fields to identify the end user including First Name, Last Name, Address 1, Address 2, Bldg/Rm/Ste (Building, Room and/or Suite), City, State, Zip, Telephone Number and Email Address.
Second Line Embossing – Select the box if the department desires to identify the card as CSULB. Additional text may be typed after the hyphen to identify the department or area of the university. For example CSULB – FOUNDATION

PURCHASE LIMITS SECTION
Monthly Credit Limit ($100 increments) – Enter the monthly credit limit rounded to the nearest 100 place value.
Single Purchase Limit ($50 increments) – Enter the maximum dollar amount that a single purchase should not exceed.

DEFAULT CHARTFIELD INFORMATION SECTION
Account – Required field. The 6-digit Account number.
Fund ID – Required field. Enter the 5-digit fund.
Dept ID – Required field. Enter the 5-digit DeptID for the department that is actually paying for the goods or services.
Program – Optional Field. Enter the 5-digit Program number if applicable.
Class – Optional Field. Enter the 5-digit Class number if applicable.
Project – Optional Field. Enter the 10-digit Project/Grant number if applicable.

APPROVER INFORMATION SECTION
Complete all of the fields to identify the approving authority including First Name, Last Name, Address 1, Address 2, Bldg/Rm/Ste (Building, Room and/or Suite), City, State, Zip, Telephone Number and Email Address.

JUSTIFICATION & APPROVAL SECTION
Requestor Section – Complete the Requestor name, signature, phone and date fields to certify that you as the requestor will follow the guidelines as defined for P-card purchases and that will only make purchases that are reasonable and necessary for the department’s operations and the University’s mission.
Appropriate Administrator Section –
Acquire the Appropriate Administrator name, signature and date to certify that the cardholder has the authority to make purchases on behalf of the department and that the approver will only approve activity that is reasonable and necessary for the department’s operation and university’s mission.

Submit the completed/approved form with all the supporting documentation to the Purchasing department. Refer to the business unit selected in the Header section.
LBCMP - Purchasing Department - MS-0123, 1250 Bellflower Boulevard, Long Beach, CA 90840
Phone:(562)985-4296
LBFDN - Research Foundation Suite 332 - FNDBLDG, 6300 State University Drive, Long Beach CA 90815-4680
Phone:(562)985-7634