

**I. P-Card Applicant Information**

Legal Name: _____	Date: _____
Email Address: _____	SJSU ID#: _____
Department Mail Code: _____	Business Phone: _____
Business Address: _____	City, State, Zip: _____
*Monthly Credit Limit Requested: _____	(*Subject to OSP and Finance Approval)
P-Card Applicant Account Number(s): _____ _____	

**II. P-Card Applicant Acknowledgement and Signature**

As the P-Card applicant, I have read and fully understand the P-Card policies and procedures as described in the *SJSURF Procurement Card Policies and Procedures Manual*. By signing below, I agree to abide by the P-Card policies and procedures, perform my remittance within the allotted deadlines, and accept personal responsibility for the proper use and protection of the P-Card.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. Principal Investigator (PI)**

Name: _____	SJSU ID#: _____
Email Address: _____	Phone #: _____

I authorize SJSURF to issue a Pcard in the applicant's name above with full knowledge that I assume responsibility for all expenditures for the account numbers(s) listed above as described in the *SJSURF Procurement Card Policies and Procedures Manual* and understand that my discretionary accounts may be charged for inappropriate purchases. I have read and fully understand the *SJSURF Procurement Card Policies and Procedures Manual*. By signing below, I agree to abide by the P-Card policies and procedures and perform my approving responsibilities within the allotted deadlines. I do hereby give authority to this applicant to charge P-Card expenditures to the accounts listed on this application.

Printed Name of PI: \_\_\_\_\_ Dept: \_\_\_\_\_

PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. Dean Acknowledgement and Signature**

By signing below, I assume full responsibility for all expenditures made by this applicant that are considered inappropriate purchases as described in the *SJSURF Procurement Card Policies and Procedures Manual* and understand my discretionary or operating accounts may be charged in these instances.

Dean Printed Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For SJSURF Internal Use Only**

Department	Initials	Date	Approved Monthly Credit Limit	Card End Date
OSP Analyst				
OSP Director				
Pcard Admin				
Acctg. Director				