



Cañada College • College of San Mateo • Skyline College

Procurement Card Application and Agreement

District Office Cañada College College of San Mateo Skyline College

Card holder shall be full-time employee of the San Mateo County Community College District and shall agree to all the terms and conditions established in the Procurement Card User's Guide and Requirements. This application and the associated signatures establish a legally binding contract between SMCCCD and the Card holder.

Refer to Link: [Procurement Card User's Guide and Requirements](#)

First Name: _____ Middle Name: _____ Last Name: _____
(Must be Full Legal Name)

G Number: _____ Date of Birth: _____

Title: _____ Department: _____

Accounting Distribution (FOAP): _____

Monthly Procard Notification Email: _____ Phone Number: _____

Reason for Requesting a Procard:

Profile:

Select one: Profile #1 \$2,500 Monthly Limit Profile #2 \$3,500 Monthly Limit
 Profile #3 \$5,000 Monthly Limit Other: _____

Justification for "Other" Monthly Limit:

I have read the SMCCCD Procurement Card User's Guide and Requirements, and agree to abide by the Policies and Procedures detailed in the User's guide.

Card Holder Name: _____ Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____

Administrator Name: _____ Signature: _____ Date: _____

COLLEGE BUSINESS OFFICE/ GENERAL SERVICES USE ONLY:		
COMMENTS:	APPROVED	NOT APPROVED
		Initial: _____