



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: _____