Procurement Card Override Form

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 override form 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

Reason for Change:

Check: Profile Request for change in Monthly Limit

Permanent: Yes   No

If temporary, please fill in the start and end date.

Start Date: _____   End Date: _____

Request for Change in Accounting Distribution (FOAP)

Accounting Distribution (FOAP): _____

Check 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: _____