

EXHIBIT B

PROCARD REQUEST FORM (FOR INTERNAL USE ONLY; RETURN FORM TO PROCARD ADMINISTRATOR)

<u>CARDHOLDER</u> is responsible for contacting vendors, ordering commodities in compliance with the procard policy and resolution of any disputes arising from orders they have placed. Cardholders will complete the monthly CSU Procard reconciliation of procard purchases and forward to their Approving Official.

<u>APPROVING OFFICIAL</u> is responsible for reviewing the monthly reconciliation report for policy compliance and propriety of items purchased and will forward to the Accounting Manager.

Cardholder legal name (printed):					
-	Dept:				
Default Chartfield String:		·			
	Account	Fund	Dept ID	Class Code	
I,, have completed the following prior to receiving my procard: CSU required Security Awareness Training (provided by IT) Submitted state required Conflict of Interest Form 700 to HR Completed the Procard Policy and Procedures Training (provided by the Director of Procurement and Risk Management)					
Applicant signature:			Date:		
Approving Official signature			Date:		
Approving Office name prin	ted				
Note: Approving Official MUST have organizational oversight and exercise authority over cardholder. By authorizing issuance of card, approving official agrees to provide sufficient oversight to assure compliance with CMA procard policies.					
Procard Administrator Use	Only:				
Applicant ID #					
Date card requested submi					
Date Applicant set up in PS	as cardnoider:				