

Procurement Card Application

SECTION I

INFORMATION

- *Applications will be processed within 48 hours of receipt
- *Completed forms need to be sent to ExpenseHelp@californiareources.com for processing
- *Cardholder information is required
- *Please use default coding from PeopleSoft for Organization/Project/Task numbers
- *Mailing address will be used as the address where the card will be mailed

SECTION II

CARDHOLDER INFORMATION

Select one: PAYROLL EMPLOYEE INTERN CONTRACTOR

* First Name _____ * M.I. _____ * Last Name _____ * Last 4 digits of Social Security # _____

* Date of Birth _____ * Employee ID # _____ * Business Phone _____ * Organization # / Project # / Task # _____

* Mailing Address (where card will be mailed) _____ * City _____

* State _____ * Zip Code _____ * Email Address _____

SECTION III - OFFICE USE ONLY

MCC INFORMATION

MCC Template: _____

SECTION IV - OFFICE USE ONLY

HIERARCHY INFORMATION

Reporting Hierarchy: 41379 20000 30000 65000

SECTION V

Monthly Limit: **\$10,000.00** Single Dollar Transaction Limit: **\$2,000.00**
Please explain justification for limits higher than default of \$2,000.00 single dollar transaction or \$10,000.00 monthly limit:

SECTION VI

I, the cardholder, acknowledge that upon use of my card, I agree to abide by the procedures established in Oxy's Procurement Card Guidelines and any policy subsequently issued by CRC. I understand that it is my responsibility to notify Citibank at 1-800-248-4553 immediately if my card is lost or stolen.

*Cardholder Signature: _____ Print Name: _____ Date: _____

*Supervisor's Signature: _____ Print Name: _____ Date: _____

The Employee Acknowledgement of Responsibility Form must accompany this application

