## Sonoma State University-Procard Program Participation Form

Please circle one: NEW ACCOUNT or MODIFY ACCOUNT

#### Please return form to:

Financial Services, Contracts & Procurement Office, Salazar Hall, Room 2051

Please complete <u>all</u> the following information for each ProCard requested. The cardholder's name will appear on the credit card <u>exactly</u> the way it reads on this form.

Cardholders are responsible for making direct contact with vendors and ordering approved goods and services using the ProCard. Cardholders are subject to Conflict of Interest Form 700 annually.

Approving Officials are responsible for reviewing the Monthly ProCard Purchase Report and approving it before it is sent to Accounts Payable-ProCard.

Business Unit:	Cardho	older Name:		
Cardholder Employee ID:_		Phone Num	ber:	
Cardholder Email Address:				
Approving Official Name:_				
Approving Official Email A	Address:			
Back-Up Cardholder Name (Documentation back-up or	: nly)			
Back-Up Approver Name:				
Transaction \$ Limit: \$	Tp to \$5000	_30-Day \$ Limit: \$_	Up to \$50,0	00
Default Chartfield *:				
Accou *The PeopleSoft Default Chartfion reconciliation. For Q funds a Pro	eld will be automation			
Participation Approval By:			Date:	
	Dean/Departm	nent Senior/Executive	e Director	
-	Print Name			6/29/15
Human Resources: Employm	ent/Conflict of Int	terest Verification	In	itial and Date
For Internal Use Only: Card	Ordered	P/S Account Crea	nted	
Training Scheduled	Division#	Departm	ent#	



#### Who is required to complete California Form 700:

Any active employee of SSU who will become a Procard holder for a department/program.

#### When is California Form 700 due:

This form should be completed along with the Procard Program Participation Form

### How to complete California Form 700:

1. Complete name of the filer section

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT		STATEMENT OF ECONOMIC INT	ERESTS Date Initial Filing Received Official Use Only
Please type or print in ink.			
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)

1. Office, Agency, or Court

2. Assuming Office date should be left blank. HR will complete this date upon receiving the fully approved Procard Program Participation Form.

3. Type of Statement (Check at least one box)						
Annual: The period covered is January 1, 2014, through December 31, 2014.	Leaving Office: Date Left					
The period covered is, through December 31, 2014.	<ul> <li>The period covered is January 1, 2014, through the date of leaving office.</li> </ul>					
✓ Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.					
Candidate: Election year and office sought, if different than Part 1:						

3. Per CSU Conflict of Interest Handbook, you are required to report on investments, interests in real property, and business positions held on the date of your assuming office. In addition, income (including loans, gifts, and travel payments) received during the 12 months prior to the date you assumed the office or position is reportable.

If you have none of these to report, please check the "None" box, under item 4, Schedule Summary. Otherwise, please select the <u>applicable schedules</u> and report accordingly.

Schedule Summary     Check applicable schedules or "None."	► Total number of pages including this cover page:		
□ Schedule A-1 - Investments – schedule attached □ Schedule A-2 - Investments – schedule attached □ Schedule B - Real Property – schedule attached	<ul> <li>Schedule C - Income, Loans, &amp; Business Positions − schedule attached</li> <li>Schedule D - Income − Gifts − schedule attached</li> <li>Schedule E - Income − Gifts − Travel Payments − schedule attached</li> </ul>		
-or- None - No reportable interests on any schedule			

4. This form requires a wet signature. Please print, sign and return this form, along with the Procard Program Participation Form, to Contracts & Procurement Office.

I certify unde	r penalty of perjury (	under the laws of the	State of California that	the foregoing is true and correct.
Date Signed _	(month, da	ay, year)	Signature	(File the originally signed statement with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)
1. Office, Agency, o	r Court			
Agency Name (Do not	use acronyms)			
Division, Board, Departn	nent, District, if applicable		Your Position	
► If filing for multiple po	ositions, list below or on an attachmer	nt. (Do not use	acronyms)	
Agency:			Position:	
2. Jurisdiction of O	Office (Check at least one box)			
State			☐ Judge or Court Commission	oner (Statewide Jurisdiction)
☐ Multi-County			County of	
City of			Other	
3. Type of Statemen	nt (Check at least one box)			
December	d covered is January 1, 2014, through r 31, 2014.	l	Leaving Office: Date Date Date Date Date Date Date Date	oft/
	d covered is//	, through	<ul> <li>The period covered is leaving office.</li> </ul>	January 1, 2014, through the date of
☐ Assuming Office:	Date assumed/		<ul> <li>The period covered is the date of leaving of</li> </ul>	s/, through fice.
Candidate: Electio	on year and of	ffice sought, if o	lifferent than Part 1:	
4. Schedule Summa	-	> Total		u this course many
Check applicable s	schedules or "None."	► lotal	number of pages including	y this cover page:
	estments - schedule attached		<b>-</b>	& Business Positions – schedule attached
<del></del>	estments – schedule attached	L	Schedule D - Income - Gifts -	Schedule attached  Travel Payments – schedule attached
Schedule B - Real	Property – schedule attached	-or-	Schedule E - Income - Gills -	maver Payments – scriedule attached
	_		sts on any schedule	
5. Verification				
MAILING ADDRESS (Business or Agency Address	STREET Recommended - Public Document)	CITY	STATI	E ZIP CODE
DAYTIME TELEPHONE NUME	BER		E-MAIL ADDRESS	
( )				
	ole diligence in preparing this statemen ned schedules is true and complete. I			of my knowledge the information contained
I certify under penalty	of perjury under the laws of the Sta	ate of Californ	a that the foregoing is true and	correct.
Date Signed		Sic	gnature	
	(month, day, year)	<b>.</b> ,	•	ned statement with your filing official.)