Colorado Department of Military & Veterans Affairs

**Procurement Card Program**

**COMMERCIAL CARD APPLICATION FORM**

|  |
| --- |
| **SECTION I INSTRUCTIONS****Cardholder** completes Section IV and signs in Section VI.**Supervisor** completes Section III.**Approving Official** completes Sections V and Section VII. Also verify default CORE Code (14).**Program Administrator** completes Reporting Hierarchy of Section II and reviews all sections before submission to US Bank.Copies should be maintained in the Cardholder and Program Administrator’s files. |
| **SECTION II – to be completed by Program Administrator (PA)**Reporting Hierarchy: 7129 20022 50025  |
|  **SECTION III – to be completed by Supervisor** (1)Supervisor (print name) (2) signature:Phone office / cell Unit Address  |
|  **SECTION IV – to be completed by Cardholder** (Please Print – Name and Organizational Unit to appear on card )(3) \***First** Name of Cardholder \***Middle** Initial (optional) \***Last** Name (maximum 25 characters)(4) ( ) - |
| \*Organizational Unit (maximum 24 characters – e.g., CFMO-) \*Office Phone(5) ( ) - |
| * Work Mailing Address Line 1 (maximum 36 characters) Cell Number

(6) * Work Mailing Address Line 2 - Building and Floor (maximum 36 characters)

(7) USA |
| \*City \*State \*Zip Code Country(8) 000-00- Last 4 Numbers of Employee ID# (used for US Bank verification)(9) (10) / / |
| E-mail Address Date of Birth (mm/dd/yy) |

|  |
| --- |
|  **SECTION V– to be completed by Approving Official** (11**)Approver’s Printed Name (**12**) Reallocator’s Name (if different)** **(**13**) Federal Budget Officer** **AUTHORIZATION PARAMETERS** |
| (14) CORE Accounting Code – A complete coding string is required. (#) the required number of characters |
| FUND: \_\_\_\_\_\_\_\_ DEPARTMENT: \_\_\_\_\_\_\_\_ UNIT: \_\_\_\_\_\_\_\_ APPR UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OBJECT: \_\_\_\_\_\_\_\_ LOCATION: \_\_\_\_\_\_\_\_ ACTIVITY: \_\_\_\_\_\_\_\_ PROGRAM: \_\_\_\_\_\_\_\_ COMMODITY: \_\_\_\_\_\_\_\_ |

|  |
| --- |
|  **SECTION VI (17) CARDHOLDER SIGNATURE** I, the cardholder, represent and warrant that all information on this application is true and correct, and my use of the card to be sent to me shall constitute my agreement with the terms, conditions and procedures per the statutes and rules of the State of Colorado. I understand that it is my responsibility to notify US Bank at 1-800-344-5696 and the DMVA Program Administrator immediately if my card is lost or stolen.\*Cardholder Signature Date  |

|  |
| --- |
|  **SECTION VII (18) APPROVING OFFICIAL SIGNATURE AND CONTACT INFORMATION*** Approving Official Signature Date
* Approving Official’s Business Phone Number ( ) - email
 |