CALIFORNIA STATE UNIVERSITY FULLERTON
Contracts and Procurement

Department Procurement Card Check Out/In Form

Card Account ID#: _____ Last 4 Pcard # _____

Responsible Person: _____ Billing Cycle Dates: _____

By signing below and checking out the Department Pcard, I understand that I will be personally liable for any inappropriate or unauthorized charges, and will reimburse CSU, Fullerton for these charges. I further certify that I understand and agree to abide by all Procurement Card Program policies attributed to my use of the Department Pcard, and turn in all receipts and other associated documents related to any purchases I make using this Pcard.

Date Out	Time Out	Checked Out By (Print Fac/Staff Name)	Signature	Date In	Time In