THE TOWER FOUNDATION OF SAN JOSE STATE UNIVERSITY Procurement Card Application

	Last Legal Name	First Legal Name	
	Department	Extended Zip Code	2
	Phone Number	Email Address	
	I agree to accept responsibility for card for personal purchases or una If my card is lost or stolen, I will no I will surrender my Procurement C reallocation of duties which do no	uthorized expenditures. tify the Tower Foundation immedi ard to Tower Foundation upon ter	ately. mination of employment or upol
امدمال	haldan Cianakana		
	holder Signature AULT TOWER ACCOUNT NUMB	Date ER	
EF#			
DEF#	AULT TOWER ACCOUNT NUMB		
DEF#	AULT TOWER ACCOUNT NUMB	ted above to use the Tower Foundations. Indee by the cardholder will be billed rige will be assessed on the expended for the billing if card reconciliations.	I directly to my Tower itures. The above default n is not received by the
DEFA	OUNT HOLDER INFORMATION I hereby authorize the applicant lis as a procurement tool to acquire go I agree that any and all charges maccount and an administrative character account number will be used used to the care of the care account that the use of the care account the care account that the use of the care account the care account the care account that the use of the care account the ca	ted above to use the Tower Foundations. Indee by the cardholder will be billed rige will be assessed on the expended for the billing if card reconciliations.	I directly to my Tower itures. The above default n is not received by the