



**PARTICIPATING ENTITY INTAKE FORM**

Under the terms of MSA 5159906 (as amended, the “MSA”) between the State of California, Department of General Services (“DGS”) and Citibank, N.A. (“Contractor”), each Participating Entity is required to complete this Intake Form and provide to the Contractor the documentation specified herein.

Before the Participating Entity (referred to as an Optional User within the MSA) may have access to the services under the MSA and have Cards issued to its employees, Contractor must first perform a risk assessment and credit evaluation of the Participating Entity. Acceptance into the Program is contingent upon Contractor being satisfied, in its discretion, with such risk assessment and credit evaluation.

The documentation required to be submitted for this assessment includes:

- **A fully completed copy of the intake form attached to this document.**
- **Audited financial statements for the past two (2) years to initiate the credit evaluation.**  
**Note: Soft copies of financial statements via PDF or a link are preferred.**

**Documents** are to be forwarded to:  
**Kelly Bouchard**  
**Via email to: [kelly.bouchard@dgs.ca.gov](mailto:kelly.bouchard@dgs.ca.gov)**  
**OR**  
**Via US mail to:**  
Statewide Travel Program  
State of California » Department of General Services  
707 3rd Street – 3rd Floor MS-600  
West Sacramento, CA 95605

**Participating Entity Legal Name:** \_\_\_\_\_

**Participating Entity Address:** \_\_\_\_\_  
\_\_\_\_\_

**Participating Entity Federal Tax ID:** \_\_\_\_\_

**Program Administrator (PA):** \_\_\_\_\_

**PA E-mail Address:** \_\_\_\_\_

**PA Telephone Number:** \_\_\_\_\_



**PA Verification Code when calling in to Citi to Inquire on Accounts:** \_\_\_\_\_

*[4 digit number – could be last 4 of SSN, last 4 of Employee ID, last 4 of business phone number. Please be sure to remember what you choose as a Citi Representative will require when calling to inquire on accounts within your program.]*

To add more than one person as a PA, please provide the info on a separate sheet.

**Program Type\*:** (Check Account or Card type selected)

*\* All Cards and Accounts are centrally billed and the liability of the Participating Entity, other than Individual Liability Cards which are individually billed and for which the Cardholder is liable.*

Central Travel Accounts [Required for Air, Car & Agency Fees]

Estimated Annual Spend for Central Travel Accounts: \_\_\_\_\_

Meeting Card /Centrally Billed Travel Cards

Estimated Annual Spend for Meeting Cards: \_\_\_\_\_

Individual Liability Travel Cards

Estimated Annual Spend for Individual Liability Cards: \_\_\_\_\_

Virtual Card Accounts \*\* (Future Account Type for hotel/lodging, available in 2018)

\*\*Estimated Annual Spend for Virtual Card Accounts: \_\_\_\_\_

*\*\*Estimate should be based upon historical annualized spend and the number of hotel/lodging stays currently paid via expense reimbursement.*