



# PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

## PROCUREMENT CARD CARDHOLDER APPLICATION/APPROVAL FORM

**Print Form and Fill in**

Date Attended Training Class: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

UIN#: \_\_\_\_\_

Dept. Mail Stop: \_\_\_\_\_

Department's Code: (Four alpha characters i.e. CEPR, ATHL) \_\_\_\_\_

FAMIS Account: \_\_\_\_\_ (cannot be a 4xxxxx account)

Support Account: \_\_\_\_\_

Monthly Credit Limit \$ \_\_\_\_\_

Single Purchase Limit (SPL) \$2000 is max

### Department contact for Audit/Reconciliation

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

As a cardholder, I agree to comply with the terms and conditions of this Agreement and the Purchasing Card Program Guide.

I acknowledge that I have read and understand the terms and conditions of this Agreement and the Purchasing Card Program Guide. I also acknowledge that I have completed the Cardholder Training. I understand that Prairie View A&M University is liable to JP Morgan chase & MasterCard for all Prairie View A&M University charges.

I agree to use this card for Prairie View A&M University approved purchases **only** and agree not to charge any employee travel related expenses or personal purchases. I understand that Prairie View A&M University will audit the use of this card and report findings to the departmental head or department approver.

I further understand that improper use of this card may result in disciplinary action, which may include **termination** of employment. I agree to repay Prairie View A&M University any amounts owed by me even if I am no longer employed by Prairie View A&M University.

I understand that the card is property of Prairie View A&M University. I further understand that Prairie View A&M University may terminate my right to use this card at any time for any reason. I agree to return the card to Prairie View A&M University immediately upon request or upon termination or transfer of employment.

\_\_\_\_\_  
Cardholder Name (print/type)

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Delegated Approver (Print/Type)

\_\_\_\_\_  
Delegated Approver Signature

\_\_\_\_\_  
Date

I hereby approve the applicant, listed above, for issuance of a Prairie View A & M University Procurement Card. I agree that the account used will have funds sufficient to any and all charges made by this individual. I have assigned the duty to assure monthly reconciliation of all statements will be done as required and all documentation retained. I understand that the improper use of this card by this individual may result in disciplinary action, up to and including termination of the applicant's employment.

\_\_\_\_\_  
Budget Authority (Print/Type)

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Procurement Card Program Administrator

\_\_\_\_\_  
Date

### For Office Use Only

Corp ID: \_04844 Verification ID: \_\_\_\_\_ Return form to: \_\_\_\_\_

Card Assigned Name: \_\_\_\_\_ Training Verified by: \_\_\_\_\_

Date: \_\_\_\_\_