



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

PROCUREMENT CARD CARDHOLDER APPLICATION/APPROVAL FORM

Date Attended Training Class _____

Cardholder Name: _____ Phone Number _____

E-mail _____ UIN#: _____ Dept. Mail Stop _____

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

Account to be utilized: FAMIS 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 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: <u> 04844 </u>	Verification ID: _____ Return form to: _____
Card Assigned Name: _____	Training Verified by: _____