



Prairie View A&M University Centrally Billed One Card Cardholder Application and Agreement Form

APPLICANT INFORMATION:

First and Last name (to also appear on card): _____

Email: _____ Office Phone: _____ Cell Phone: _____

Job Title: _____ PVAMU UIN# _____

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

COMPLIANCE ACKNOWLEDGMENT: (Read and Initial Each)

I am requesting issuance of a US Bank® Centrally Billed One Card for **expenses** associated with official university business. All transactions authorized to be charged are limited to standard Merchant Category Codes (MCCs) for expenses as allowed by the State of Texas or other codes allowed by the university pursuant to official guidelines.

I understand the **CENTRALLY BILLED ONE CARD** will be used only for **reimbursable official** State of Texas business and never for personal use. Use of the **CENTRALLY BILLED ONE CARD** for charges other than official State business is a direct violation of the State's contract with US Bank, the State of Texas Charge Card Program and Texas Administrative Code §125.8. Misuse may result in cancellation of the **CENTRALLY BILLED ONE CARD** and could subject the offender to disciplinary action up to and including termination of employment.

I understand that it is my responsibility to read and abide by the provisions of the **PVAMU Procurement & Disbursement Services** guidelines.

I will review the monthly credit card statement to assure all charges are authorized. Unauthorized charges and/or billing errors will be formally disputed with US Bank and communicated to the Card Services Manager before the payment due date.

I understand that all charges incurred are subject to review by public and government entities as provided by the Texas Public Information Act.

I understand that management including the appropriate Vice President/President, account administrator, and/or my direct supervisor will be notified in writing of any misuse of my **CENTRALLY BILLED ONE CARD** account.

I understand that only the individual whose name appears on the **CENTRALLY BILLED ONE CARD** (embossed name) can complete in-person initiated charges and sign receipts. However, on-line or telephone-initiated charges may be authorized on behalf of other PVAMU travelers provided those charges are for official PVAMU travel and allowable reimbursable costs as authorized in advance by a Pre-Approval submitted in Emburse Enterprise.

I understand that it is my responsibility as a PVAMU employee to use a **Tax-Exempt Certificate** for **ALL** purchases and while traveling in the State of Texas for lodging and car rental expenses.

If my card is lost or stolen, I must immediately report this to US Bank and inform the Card Services Manager.

Determination of allowed spending limits to the card I am issued will be authorized by the Card Services Manager based on criteria set forth in this application.

I understand that PVAMU will provide US Bank with the last 4-digits of my University Identification Number (UIN) for identification purposes, including card activation.



Prairie View A&M University

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11-Digit Account to be utilized for reconciliation: -

Select the card template requested:

Non-Travel Template (used for *tax exempt* purchases **ONLY**):

Travel Template (used for ALL travel related expenses):

Both (Non-Travel & Travel Template):

Training Completion Date:

Course ID:

Applicant Attestation: I understand the above-stated policies, guidelines and consequences for using a State of Texas **CENTRALLY BILLED ONE CARD** and agree to abide by them.

Applicant's Name (Print/Type)

Applicant's Signature

Date

I hereby approve the applicant, listed above, for issuance of a Prairie View A&M University One Card. I agree that the account identified will have sufficient funds to support all charges made by this individual. I understand my responsibility to ensure monthly reconciliation of all expenses with proper documentation as required. 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.

Supervisor (Print/Type)

Supervisor Signature

Date

Budget Authority (Print/Type)

Budget Authority Signature

Date

Disbursement Services Office Use Only

Credit Limit:	Training Complete Date Confirmed:
Approved by (please print):	
Signature:	Date: