

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

**APPLICANT INFORMATION:**

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First and Last name (to appear on card): \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
PVAMU UIN# \_\_\_\_\_ Job Title: \_\_\_\_\_  
Department's Code (Four alpha Characters i.e. CEPR, ATHL) \_\_\_\_\_

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**COMPLIANCE ACKNOWLEDGEMENT: (Read and Initial Each)**

I am requesting issuance of a US Bank® CENTRALLY BILLED ONECARD for **expenses** associated with official university business. Travel expenses authorized to be charged are limited to standard Merchant Category Code (MCCs) for travel 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 PVAMU Disbursement Services guidelines.

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

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

\_\_\_ I understand that management including the appropriate Vice 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, online 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 an approved Travel Authorization Request.

\_\_\_ I understand that it is my responsibility as a PVAMU employee to use a **Tax-Exempt Certificate** in Texas for purchases, lodging and car rental.

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

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

# Prairie View A&M University

## Centrally Billed Card

### Cardholder Application and Agreement Form

\_\_\_\_ 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.

11-Digit Account to be utilized for reconciliation: \_\_\_\_\_

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#### Select application being requested:

- 1. Non-travel application
- 2. Travel application
- 3. Both Travel and Non-travel application

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

**Training Completion: Date** \_\_\_\_\_ **Course ID:** \_\_\_\_\_

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#### DEPARTMENT APPROVALS:

_____ Supervisor (Print/Type)	_____ Supervisor Signature	_____ Date
_____ Budget Authority (Print/Type)	_____ Budget Authority Signature	_____ Date

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#### Disbursement Services Office Use Only

Credit Limit:
Approved by (please print):
Signature: