



# 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 Citibank 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**

<b>For Office Use Only</b>	
Corp ID: <u>  04844  </u>	Verification ID: _____ Return form to: _____
Card Assigned Name: _____	Training Verified by: _____