

Prairie View A&M University

PROCUREMENT CARD (ProCard)

Cardholder Application and Agreement Form

APPLICANT INFORMATION:

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

Email: _____ Phone: _____ PVAMU UIN# _____

Job Title: _____

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

COMPLIANCE ACKNOWLEDGMENT: (Read and Initial Each)

I am requesting issuance of a Citibank® Procurement Card (ProCard) for **department purchases** associated with official university business. Department purchases authorized to be charged are limited to standard Merchant Category Codes (MCCs) as allowed by the State of Texas or other codes allowed by the university pursuant to official guidelines.

_____ I understand that the **PROCUREMENT CARD (PROCARD)** is the property of Prairie View A&M University, and as a cardholder, I am responsible to retain the card in a safe place and take necessary measures to prevent theft or misuse of the card.

_____ I understand the **PROCUREMENT CARD (PROCARD)** will be used only for **allowable official** State of Texas business **use** and never for personal use. Use of the **PROCUREMENT CARD (PROCARD)** for charges other than official State business is a direct violation of the State's contract with Citibank, the State of Texas Charge Card Program and Texas Administrative Code §125.8. Misuse may result in cancellation of the **PROCUREMENT CARD (PROCARD)** and may subject the offender to disciplinary action, up to and including termination of employment.

_____ 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 **PROCUREMENT CARD (PROCARD)** account.

_____ I understand that it is my responsibility to read and abide by the provisions of the **PVAMU Procurement Card** 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 Citibank and reported to Travel and Expense Services Management 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 only the individual whose name appears on the **PROCUREMENT CARD (PROCARD)** (embossed name) can complete in-person initiated charges and sign receipts. However, on-line or telephone initiated charges may be authorized provided those charges are for official PVAMU business and are allowable purchases.

_____ I understand that it is my responsibility as a PVAMU employee to use a **Tax Exempt Certificate** in Texas for purchases.

_____ If my card is lost or stolen, I must immediately report this to Citibank and inform Travel and Expense Services.

_____ Determination of spending limits to the card I am issued will be authorized by the Travel and Expense Management Team, based on criteria set forth in this application.

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

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

Applicant's Name (Print/Type)

Applicant's Signature

Date

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11-Digit Account to be utilized for reconciliation: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

DEPARTMENT AUTHORIZAITON:

I hereby approve the applicant, listed above, for issuance of a Prairie View A&M University Procurement 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 purchases 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

TRAVEL AND EXPENSE SERVICES OFFICE USE ONLY

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