

PROCUREMENT CARD APPLICATION

Cardholder Information

Last Name, First Name, MI. _____ S# _____

Complete Legal Name _____

Email _____

Business Phone _____ Home Phone _____

Department AND Campus Box Number _____

Mother's Maiden Name _____ Immediate Supervisor _____

Mark/Block if you need accounts with: Staples/Office Depot Amazon

Campus: Centennial Rampart Range Downtown CHES

Cardholder Limits

Single Purchase Limit \$ _____ Monthly Limit \$ _____

Org Code Information

Default Org Code _____ Org Code Owner _____

Signatures

Requester _____ Date _____

Immediate Supervisor _____ Date _____

As an Approving Official, I acknowledge completion of Procurement card training and receipt of the PPSC Procurement Card Manual, which I have read and understand. I agree to fulfill the responsibilities outlined in this Agreement, the Manual and subsequent revisions. I understand I am an internal control point for the Program and need to ensure Cardholders comply with State, CCCS, and PPSC Procurement and Procurement Card rules in addition to Personnel and Fiscal Rules. I will review all transactions made by my Cardholders, ensure original documentation is matched to Cardholder statements, take appropriate action should violations occur, and approve via signature and forward all transaction statements and supporting documentation to the PPSC Procurement Card Administrator. I understand that PPSC is liable to USBank for all charges made by Cardholders and Designees including charges made on a lost or stolen card before it is reported lost or stolen. I will promptly notify the System's Program Administrator of any suspected or real card misuse or abuse and in the event I, or any Cardholder under my approving authority is transferred/no longer employed by the department. The card is the property of PPSC, assigned to Cardholders, and in the event of willful or negligent default of the Cardholder's obligations, the department shall take any recovery action deemed appropriate which may include termination and personal liability, that which is permitted by law.

Org Code Owner _____ Date _____

THE REMAINDER OF THIS FORM IS FOR THE PROCUREMENT OFFICE ONLY

Issue Card: _____ Date _____

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|--|---|--|---|---|
| <input type="checkbox"/> Application Processed | <input type="checkbox"/> Security Request | <input type="checkbox"/> FOMPROF Complete | <input type="checkbox"/> Create File | <input type="checkbox"/> Email Handbook |
| <input type="checkbox"/> Desire to Learn | <input type="checkbox"/> MCC Codes | <input type="checkbox"/> Email Distribution | <input type="checkbox"/> Org code delegation to FS/SS | |
| <input type="checkbox"/> Amazon Acct | <input type="checkbox"/> Tax Exempt Card | <input type="checkbox"/> Staples/Office Depot Acct | | |