

Purchasing Card Application & Agreement Instructions

This form is to be used as an application when requesting new cards. A separate change form is available for changing Cardholder information or canceling an individual's account. Instructions for completing the application and agreement are listed below. Forms must be typed, written in legible handwriting, or printed using the partially pre-populated form located under the Employee Information section of the Web Applications at <https://www.umssystem.edu/>.

Requesting a NEW card:

1. Complete the following Cardholder Information:

- Last Name (19 characters or less: will be embossed on the card)
- First Name (12 characters or less: will be embossed on the card)
- Middle Initial (1 character: will be embossed on the card)
- Job Title
- Department Name (25 characters or less: will be embossed on the card below name)
- Business Address Line 1 & 2 (line 2 is optional but can be used if necessary)
- City, State, Zip Code (provide full 9 digit zip code if available)
- Business Phone
- Home Phone
- E-mail
- Empl ID (Used as the unique employee identifier in system instead of SSN#)
- SSN/Empl Id (Enter Empl ID again replaces SSN # as a unique identifier with issuing Bank)
- Mother's Maiden Name or Password (10 characters or less, this field is not populated on the electronic form and MUST be filled in before form is processed.)
- Date of Birth (in MM/DD/YY format)

2. Complete the following Cardholder Controls:

- Name of Approving Official (This field must contain the name(s) of the authorized signer(s) for the cardholder's statement of account.)
- Title of Approving Official
- 5 Digit MoCode (required as a default; number can be edited during transaction reconciliation)
- 6 Digit PS Account (required as a default; number can be edited during transaction reconciliation)

3. Complete the following Purchasing Card Controls:

- Check appropriate category for Card Usage
One or both of the categories can be checked depending on the cardholder's job duties. If the cardholder will only be responsible for purchasing items on behalf of the University then mark the Purchasing category. If the cardholder will be responsible for purchasing items and also arranging Transportation for personnel within his/her department then check both Purchasing and Transportation. If the cardholder will only be responsible for arranging Transportation then mark only the Transportation category.
- Billing Cycle \$ Limit (not to exceed \$15,000 without Procurement approval)
- Single Purchase Limit (not to exceed \$5,000.00 but can be less)

The \$15,000 Billing Cycle and \$5,000 Single Purchase limits are listed only as maximum amounts allowed. Departments are strongly urged to consider the purchasing needs of the individual cardholder and set limits accordingly.

4. Purchasing Card Administrator Use Only section is to be filled in by Procurement.

5. The second page of the application is a Purchasing Card Agreement, which must be signed by the Cardholder, Approving Official, and the Vice Chancellor, Dean or Department Head before the application will be processed. The Vice Chancellor, Dean or Department Head may give the authority to sign the agreement on his/her behalf to the Division Fiscal Officer as long as he/she submits a letter to the Procurement Services Department stating such authority has been given.

Purchasing Card Application and Agreement

University of Missouri - Columbia

113 Heinkel Bldg

Columbia, MO 65211

(573) 882-3201

Cardholder Information – To be completed by Cardholder

Last Name _____ First Name _____ Middle Initial _____
(Maximum 19 characters) (Maximum 12 characters)

Job Title _____ Department Name _____
(Maximum 25 characters - will be embossed on card)

Business Address _____
(Maximum 25 characters)

Business Address Line # 2 (optional) _____
(Maximum 25 characters)

City _____ State _____ Zip Code _____
(Maximum 25 characters) (2 Character State Code) (Use 9 digit Zip Code)

Business Phone () _____ Home Phone () _____

Email _____ Empl Id _____

SSN/Empl ID 0 - - _____ Mother's Maiden Name or Password _____ Date of Birth (MM/DD/YY) / / _____
(Maximum 20 characters)

Cardholder Controls – To be completed by Cardholder or Approving Official

Approving Official Name: _____

Approving Official Title: _____

5 Digit MoCode _____ 6 Digit PS Account _____

Purchasing Card Controls

Check appropriate category (s) for Card Usage		Purchasing ()	Transportation ()
Billing Cycle Limit	\$	Not to Exceed \$15,000.00 without Procurement Approval	
Single Purchase Limit	\$	Not to Exceed \$5,000.00	

Purchasing Card Administrator Use Only

Hierarchy Level _____ Hierarchy Number _____ Central Bill Number _____ Columbia PCard

User ID _____ Password _____ Role Access Level _____

MCC Group(s) 467 Exclude; 470 Include; 465 Include (Add to PaymentNet Account Field 1)

Purchasing Card Administrator's Name _____ Date _____

Purchasing Card Administrator's Signature _____

Purchasing Card Agreement

If a card is lost or stolen, it is the Cardholder's responsibility to notify JP Morgan Chase at 1-800-270-7760 and the Purchasing Card Program Administrator in the Procurement Services Office at 573-882-3201 **immediately**. Under these circumstances, the cardholder's department/administrative unit is responsible for payment of all charges made on the lost or stolen card up to \$1,000. It is the Cardholder's responsibility to be aware of any prior arrangement with the department/administrative unit whereby Cardholder is required to personally reimburse the department/administrative unit for a portion of such charges.

Otherwise, the Cardholder is responsible and will be held accountable for all charges made to the Purchasing Card. Should a Cardholder terminate employment with the University or transfer between departments, the Cardholder must return the Purchasing Card and the Department's Approving Official is required to reclaim the Purchasing Card and notify the Purchasing Card Program Administrator, who will then notify the bank. Because the bank, JP Morgan Chase, must be notified within two (2) business days of termination of Cardholder's employment, the card is to be returned to MU Procurement Services, 113 Heinkel Bldg., **immediately** with a cover letter explaining the circumstances for cancellation.

Failure to adhere to any of the above responsibilities and the procedures detailed during training for the Purchasing Card will result in revocation of individual Cardholder privileges and may result in revocation of all department Purchasing Cards. Use of the Purchasing Card for non-University, personal purposes, excluded items, or allowing the use of the Purchasing Card by an unauthorized individual may result in discipline, up to and including dismissal from employment and may in some circumstances also constitute a criminal act punishable by law. A list of categories of excluded items, for which the Purchasing Card is not to be used, will be provided to each Cardholder during training and/or when the card is issued.

Cardholder

As a Cardholder, I agree to accept the responsibility and accountability for the protection and proper use of this Purchasing Card, as enumerated above. I understand and agree that the University may choose to accept repayment for Non-University charges placed on the Purchasing Card, and/or may refer the matter for criminal prosecution. If Non-University charges are placed on the Purchasing Card, and repayment is agreed to by the University, but is not forthcoming immediately upon request, I hereby authorize the University to deduct any non-University, personal or excluded items charges from my paycheck subject to the limits of garnishments and writs of sequestration contained in §525.030 RSMo and 15 U.S.C. §1673. Following termination of my employment at the University, I will continue to be financially responsible for and legally liable to the University for Non-University, personal, or excluded items purchased on my Purchasing Card by myself or with my knowledge including any reasonable costs of collection and attorneys fees.

Cardholder Signature

Date

Approving Official and Dean, Department Chair or Director

As Department Approving Official and Dean, Department Chair, or Director I take full administrative responsibility for the action of the Cardholder and I approve the limits set forth for this card on the previous page.

Approving Official Signature

Date

Vice Chancellor, Dean, Department Head

Date