

Procurement Card Application Instructions **Cardholder Information**

Cardholder Name – The individual who will be responsible for all purchases made on the card. This person must be an employee of USM.

Social Security No. – Social security number of the cardholder.

Date of Birth – Date of birth of the cardholder (MM/YYYY).

Department Information

Department Mailing Address – The United States Postal Service mailing address for the department.

Business Phone No. – Cardholder's phone number.

Email Address – Email address for the cardholder.

Department Name – Name of the department for the cardholder

Text on Card – This information will be displayed on the card below the Cardholders' name.

Other Information

Spending Limit – This is the total dollar limit for a billing period for a card. The limit set by the university is \$10,000

Single Transaction Limit – The single transaction amount of \$1,000

Application for Procurement Card

Cardholder Information

Cardholder Name _____

Social Security No. _____ Date of Birth _____

Department Information

Department Name _____

Department Mailing Address _____

Department Phone No. _____

Email Address _____

Text on Card _____

Other Information

Spending Limit: \$ _____ (not to exceed \$10,000)

Single Transaction Limit: \$ _____ (not to exceed \$1,000)

Signature of applicant

Printed name of applicant

Budget authority signature

*Send the completed Procurement Card Application to:
Procurement Card Administrator
Box 5118*

Internal Use Only

*Date Received
Date Processed
Issue Date
Card Account No.*

**The University of Southern Mississippi
Small Purchase Procurement Card Program
Cardholder Agreement**

I hereby agree to comply with the terms and conditions of this Procurement Cardholder Agreement and Procurement Card Procedures at http://www.usm.edu/gcrl/in_touch

I hereby agree to use my best effort to minimize exposure from lost, stolen, or otherwise compromised procurement cards. I agree to properly use the procurement card. I understand that the University WILL audit the use of the procurement card. I understand that I CANNOT use the procurement card for personal transactions or for any restricted purchases, even if reimbursed.

Requirements and Responsibilities:

- Must be a current employee of USM
- Assure that the commodities/services purchased are required for bona fide university purposes.
- Assure that the prices are fair and reasonable.
- Notify the merchant that the purchase is being made in the name of a government entity, which is exempt from state and local taxes.
- Obtain itemized receipts from vendors.
- All items are received (no back orders allowed).
- Assure that no state contract items are purchased such as office supplies, office furniture or scientific supplies.
- Assure that the purchases are within the limits set and available budget authority (single transactions must be less than \$1000)
- Do not split purchase into several transactions to get around the single transaction limit of \$1000.
- Do not use the Procurement Card for travel, including conference registration fees.
- No purchases are to be made from hotel, motel, or restaurants for travel related expenses.
- Purchases of food are only allowed if for business (no receptions or parties). Prior email approval and [Food Purchase Form](#) required for all such purchases.
- No cash advances
- Do not purchase equipment or inventory items (see [Special Inventory List](#) in Users Guide or contact Property for guidance).
- Do not purchase radioactive materials
- Credit Card Vouchers are **due the 5th of each month** for charges in the preceding month. I understand that I will lose privileges of my procurement card when I have a voucher that is over 30 days past due. I also understand that if I repeatedly turn my voucher in late, my card may be canceled.

I hereby understand that improper use of the procurement card may result in disciplinary and legal actions, including but not limited to restitution, forwarding information to the appropriate authorities for criminal prosecution, and possible termination of employment.

I hereby understand that the University may terminate my right to use this procurement card at any time and for any reason or no reason whatsoever. I hereby agree to return the procurement card to the University's Procurement Card Manager or my department supervisor immediately upon request from the University, when changing department, or upon termination of employment.

Department Applicant Signature	Date	Printed Name
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Department Head/Administrator	Date	Printed Name
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