



SLCC PURCHASING CARD APPLICATION

1. Complete application
2. Sign and obtain authorization signature(s)
3. Read and sign “Cardholder Agreement to Accept the SLCC Purchasing Card”
4. Send agreement and application via campus mail to **the P-Card Specialist – Mail Code: BOF**

**P-Cardholder’s Full Legal Name** (only middle initial will appear on the card):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Dept Name \_\_\_\_\_ Campus \_\_\_\_\_

Requested Monthly Limit \$ \_\_\_\_\_ Single Purchase Transaction Limit - **\$1,500**

Default Index \_\_\_\_\_ Default Current Expense Account – **70480**

**AUTHORIZATION SIGNATURES**

P-Cardholder’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Time  Part Time  (VP Approval and Signature Required for Part Time)

Supervisor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

VP Signature (for part time requests only) \_\_\_\_\_ Date \_\_\_\_\_

P-Card Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

P-Card Picked Up By \_\_\_\_\_ Date \_\_\_\_\_

**FOR PURCHASING SERVICES USE ONLY**

**Division:**

**Department:**

## **“Cardholder Agreement” to Accept the SLCC Purchasing Card (P-Card)**

*The U.S. Bank VISA Purchasing Card represents SLCC’s trust in you. You are empowered as a responsible agent to safeguard SLCC assets and the public trust. Your signature below is verification that you have read the Purchasing Card Procedures Manual and will comply with the Procedures as well as the following responsibilities:*

1. I understand the P-Card is only for SLCC approved purchases and I agree not to charge personal purchases.
2. I understand improper or personal use of the P-Card will be considered misappropriation of SLCC funds and misuse may result in cardholder probation, disciplinary action, or termination of employment.
3. If the P-Card issued in my name is lost or stolen I will immediately notify U.S. Bank by phone and confirm the notification in writing by email or fax to the P-Card Specialist in the Controller’s Office.
4. I will immediately surrender the P-Card upon cessation of employment, resulting from retirement, or voluntary or involuntary termination.
5. I understand the P-Card is issued in my name. I will not knowingly allow any other person to use the card or authorize charges using the P-Card number. I understand I am responsible for any and all charges against the P-Card issued in my name.
6. I understand all charges will be directly billed to and paid by SLCC. I understand U.S. Bank cannot directly accept monies from me and therefore agree not to charge personal purchases.
7. I understand the P-Card is SLCC property and agree to comply with all internal control procedures designed to protect SLCC assets. I also understand I may be asked by various SLCC authorities to produce the card for validation or provide receipts and statements for auditing purposes.
8. I understand I will receive a monthly credit card statement/bill and am responsible for reconciliation and ensuring all charges are valid purchases made by me and are supported by receipts. I understand I am not responsible for payment, but do agree to promptly resolve any discrepancies by contacting either the supplier or U.S. Bank.
9. I understand charges made against the P-Card issued to me are automatically assigned an index number specified by management. This index number cannot be changed without management involvement. Assignment of a different index number will not affect charges made prior to the change, but will affect future charges.
10. I understand the P-Cards are not issued to all employees and card assignment is based on my need to make low dollar purchases for SLCC. I understand the P-Card issued to me can be revoked for any reason at any time. I understand the P-Card is not an entitlement nor reflective of job title or position.
11. I voluntarily accept personal responsibility for adhering to this cardholder agreement and the P-card procedures. I understand my supervisor(s), director(s) or management does not have the authority to override the cardholder agreement or the P-card procedures, nor am I obligated to follow a directive from a superior that would require me to breach the cardholder agreement or P-card procedures. Incidences of such or pressure tactics by a superior asking me to engage in actions of P-Card misuse will be immediately reported by me to the P-Card Specialist.

\_\_\_\_\_  
Employee Name (PLEASE PRINT)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

The P-Cardholder supervisor’s signature on this “Cardholder Agreement” is verification the supervisor has read the “Purchasing Card Procedures Manual” and will comply with the procedures in the manual. The supervisor accepts responsibility and shared accountability for the P-Cardholder’s P-Card transactions ensuring charges are for valid business purposes and are properly documented in the P-Card packets.

\_\_\_\_\_  
Supervisor Name (PLEASE PRINT)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date