



## Procurement Card Application

(Updated 6/19/2014)

**All information is required to effectively screen against sanctions lists, in order to comply with legal obligations to the U.S. Office of Foreign Assets Control.**

Full Legal Name: \_\_\_\_\_

EMPL ID: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Email address: \_\_\_\_\_

University Phone Number: \_\_\_\_\_

Other Phone (optional): \_\_\_\_\_

**Cardholder Campus Address (please include box number):**

Danforth

Med. School

West Campus

Other

Campus Box \_\_\_\_\_

Campus Box \_\_\_\_\_

Campus Box \_\_\_\_\_

Campus Box \_\_\_\_\_

1 BROOKINGS DR

660 S EUCLID AVE

7425 FORSYTH BLVD

ST LOUIS, MO 63130

ST LOUIS, MO 63110

CLAYTON, MO 63105

**Cardholder Home Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Transaction Limits:**

Standard Single Transaction Limit \$1,500 or Optional Higher Limit \_\_\_\_\_

Standard Monthly Credit Limit \$5,000 or Optional Higher Limit \_\_\_\_\_

**Transaction Default Account for AIS (auto-approved RP documents will be charged to the default account):**

<i>Account Ledger</i>	<i>Account Class</i>	<i>Dept.</i>	<i>Account Fund</i>	<i>Account Budget</i>	<i>Account Object</i>	<i>SR Code</i>
1	2					

**Primary Transaction Reviewer (please print)**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Primary Transaction Approver (please print)**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Approvals**

I have read and agree to comply with the policy and procedures in the Procurement Card Program Guide and I agree to attend all required procurement card training. I further understand that failure to comply may result in grounds for immediate dismissal and may also result in referral for civil or criminal legal action. Should my affiliation with the University change or terminate, these prohibitions remain in effect.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Management Approval:**

I understand the functions of the user role(s) being provided and authorize the access to the individual listed above.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send completed application form to: Card Programs Administrator, Campus Box 1147**



# Washington University in St. Louis

## Procurement Card Program Cardholder Letter of Agreement

(Updated 06/29/2016, Effective 07/01/2016)

I have received and reviewed a copy of the Procurement Card Program Guide. I understand that, as a cardholder, it is my responsibility to do the following:

1. Obtain acceptable supporting documentation at the point of sale, regardless of the amount, and forward it to my Reviewer/Approver. Acceptable documentation is defined as an original document from the vendor that contains the price. If documentation is not available, I will obtain a copy of the RP document from AISystem which includes all transaction details and my Approver and I will sign and date it.
2. All returns and/or exchange credits must be credited back to the procurement card. Obtain acceptable supporting documentation at the point of the return or exchange, regardless of the amount, and forward it to my Reviewer/Approver. Acceptable documentation is defined as an original document from the vendor that contains the price. If documentation is not available, I will obtain a copy of the RP document from AISystem which includes all transaction details and my Approver and I will sign and date it.
3. The following supporting documentation is required for entertainment expenses:
  - Date and place of event.
  - Specific purpose of the event or reason for expenditure. Failure to document a valid business purpose could result in amounts paid being reported as income to the individuals attending the event.
  - Names and titles of people in attendance and their relationship to the University. For individuals from outside the University, this documentation should include occupation or other information relating to the person or persons entertained (e.g. donor), including name, title, or other designation, sufficient to establish a business relationship to the University. For large parties or receptions (12 or more attendees), the number of people in attendance and the makeup of the group is acceptable.
  - Entertainment and social expenses greater than \$50 require a dean, vice chancellor or authorized designee approval. Note: social and entertainment purchases will route for Dean's level approval per AISystem routing rules.
4. I will not use my procurement card if I claim the per diem method to be reimbursed for travel meals and incidentals. I will record all procurement card travel expenses on a travel expense statement. As a best practice, the supplemental procurement card expense form should be used to detail procurement card activity. If a trip by an employee is paid for entirely by a procurement card a travel expense statement must be completed and approved, but is not necessary to enter the travel report in AISystems. The statement and original documentation must be retained in the department for auditing purposes. As a best practice, travel expenses for guest speakers and students should also have a completed travel expense statement for any procurement card travel expenses.
5. Ensure that Missouri sales taxes are not included in the transaction. The University's tax ID number will be printed on my procurement card. This number should be brought to the vendor's attention at the time of the purchase. If sales tax cannot be avoided, I will note it on my receipt so that my Reviewer can code it to the sales tax budget object code.
6. If an asset or non-consumable item is purchased, I must provide my Reviewer/Approver with information about the make, model, serial number, custodial department, and Principal Investigator, if applicable. I understand a physical audit may be performed on purchases of assets and non-consumable items.

7. Use the correct billing address and billing phone number when making Internet purchases. My billing address is the campus box, address, and phone number that I indicated on my Security Access Form.
8. Attempt to resolve disputes directly with the vendor. If I am unable to reach resolution with the vendor, I should contact the issuing bank using the number on the back of the procurement card to process disputed transactions.
9. I am the only person authorized to use my procurement card. My card cannot be used for personal expenses and all of my transactions are subject to review by Financial Services, Resource Management and Internal Audit.
10. I am responsible for taking steps to safeguard my card against theft or loss. If my card is lost or stolen, or if I see suspicious purchases, I must notify the issuing bank (JPMorgan Chase or Commerce Bank) immediately. The issuing bank will ask for the last 4-digits of my SSN, but I should provide the last 4-digits of my employee ID instead.
11. I have read the applicable University policies regarding travel, asset purchases, sponsored projects, HIPAA compliance and preferred suppliers. I understand that failure to comply with procurement card program policies and procedures or improper use of the card could result in disciplinary action being taken against me, including but not limited to, card revocation, termination of my employment with the University and/or criminal charges being filed with state and local authorities. I agree to surrender my procurement card to the University's Card Program Administrator or my immediate supervisor upon their demand, or, upon the end of my employment with the University. I will contact the Card Program Administrators to temporarily suspend my card if I take leave from the University.
12. I have received a copy of the most recent list of Unallowable Purchases and Practices. I understand that this list may be updated periodically and the most recent list of unallowable purchases and practices is available at the Procurement Card Programs link located on [cashandcredit.wustl.edu](http://cashandcredit.wustl.edu).

I have addressed and resolved any policy questions or concerns I have to the Card Programs Administrator prior to signing this form. I agree to comply with the policies outlined in this document.

\_\_\_\_\_  
**EMPL ID**

\_\_\_\_\_  
**Print Cardholders Last Name**

\_\_\_\_\_  
 Cardholder Signature

\_\_\_\_\_  
 Date