



# Procurement Card Application

(Updated 7/1/2021)

**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

MSC: \_\_\_\_\_

MSC: \_\_\_\_\_

MSC: \_\_\_\_\_

MSC: \_\_\_\_\_

1 BROOKINGS DR  
ST LOUIS, MO 63130

660 S EUCLID AVE  
ST LOUIS, MO 63110

7425 FORSYTH BLVD  
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 \_\_\_\_\_

I have read and agree to comply with the **Business Expense Policy** and **Procurement Card specific guidelines** located here (<https://financialservices.wustl.edu/topics/>). 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.

**Approvals**

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

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

**Management Approval:**

I understand the responsibilities associated with a university procurement card and authorize the card to the individual listed above.

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

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

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

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

**Please send completed application form to: Card Programs Administrator, MSC 1147-423-1500**



# Washington University in St. Louis

## Procurement Card Program Cardholder Letter of Agreement

(Updated 07/01/2021, Effective 07/01/2021)

I have reviewed the **Business Expense Policy** and **Procurement Card specific guidelines** located here (<https://financialservices.wustl.edu/topics/>). The policies include guidance on: Travel & Non-Travel Expenses • Non-Reimbursable Expenses • Entertainment Expenses (Non-Travel) • Mileage Reimbursements • Gift Cards • Software Purchases from Non-US Companies • Charitable Contribution Payments • and Business Travel Expenses. I understand that, as a cardholder, it is my responsibility to do the following:

1. Must obtain acceptable supporting documentation at the point of sale, regardless of the amount. All returns and adjustment must be credited directly back to the procurement card. The receipt from the original purchase and the receipt from the return are required. Cardholders with an excessive number of transactions without acceptable supporting documentation will have the cards suspended and/or permanently revoked.
2. All returns and/or exchange credits must be credited back to the procurement card. I must attach supporting documentation for purchases and credits, in a timely manner, to an Expense Report.
3. I will not use my procurement card if I claim the per diem method to be reimbursed for travel meals and incidentals.
4. 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.
5. If an asset or non-consumable item is purchased, I must provide information on the Expense Report 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.
6. Use the correct billing address and billing phone number when making Internet purchases. My billing address is the mail stop code, address, and phone number that I indicated on my procurement card application.
7. 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.
8. 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.
9. 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 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.
10. I have read the applicable University policies regarding business expenses, asset purchases, sponsored projects, HIPAA compliance and preferred suppliers. I understand that failure to comply with 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.

11. I have reviewed the 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 [financialservices.wustl.edu](http://financialservices.wustl.edu).
12. 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