

**Procurement Card
Application**

(Updated 11/22/2022)



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): _____

Supervisory Organization Number: _____

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, procard@wustl.edu



Washington University in St. Louis

Procurement Card Program Cardholder Letter of Agreement

(Updated 11/22/2022)

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. The receipt from the original purchase is required and should provide evidence of origination from the vendor that contains purchasing details including date, description or itemization of expenses, price and proof of payment. 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.
12. Effective July 1, 2022, procurement cards will be suspended for cardholders with outstanding transactions. For travel related transactions, cards will be suspended for open transactions that are 90 days past the trip date. For non-travel transactions, cards will be suspended for open transactions that are 90 days past the transaction date.
13. 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