



Fayetteville State University Purchasing Card Application

INSTRUCTIONS: This form is to be used for new cardholders and works users. Only complete the relevant sections. For new purchasing card request, please complete sections a, b, c and the purchasing card memorandum of understanding. For Works access only, please complete sections a, b (default FOAP information is not relevant for this request), and section d. Both requests require signatures in section E. All fields must be typed and signed digitally. Once completed, please forward to pcards@uncfsu.edu.

SECTION A: ACCOUNT REQUEST TYPE

New Purchasing Card

Works Access Only *(Select an appropriate role)*

Approver

Reconciler

Auditor

SECTION B: USER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Banner ID: _____ Campus e-mail: _____

Campus Ext: _____ Emergency Cell Phone Number: _____

Department Name: _____

Division Name _____

Default FOAP: _____

Please note that the default FOAP (Fund-Org-Account Program) is only used when the cardholder does not reconcile in a timely manner and transactions must be allocated.

SECTION C: WORKS PERMISSIONS (CARDHOLDERS)

If your reconciler or approver does not have a works profile, they will need to complete a separate application to gain access. Cardholders cannot approve their own transactions.

Budget Manager/Reconciler Information

Name: _____ Works Username: _____

Approver Information

Name: _____ Works Username: _____

TIER SELECTION

The Purchasing Office suggest Tier 1 unless you have needs that qualify you to be placed in higher tiers.

Tier 1: CL: \$10,000.00, DTL: \$5,000.00 STL:\$2500.00

CL: Monthly Credit Limit

Tier 2: CL: \$25,000.00, DTL: \$10,000.00 STL: \$5,000.00

DTL: Daily Transaction Limit

Tier 3: CL: \$50,000.00, DTL: \$30,000.00 STL: \$25,000.00

STL: Single Transaction Limit



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SECTION D: WORKS PERMISSIONS (WORKS USERS)

Requesting an Approver Role for the following Department(s)

Requesting a Budget Manager/Reconciler Role for the following Department(s)

SECTION E: SIGNATURES

I agree to use this card and/or Works profile for official University business related purchases only. I further understand that I may be held personally liable and subject to disciplinary or criminal action for any funds misused with this card and/or Works.

Cardholder/Works User

I hereby authorize the employee named above to receive a FSU Purchasing Card and Bank of America WORKS account to be used only for official University business. Along with assuring proper process handling within the cycle profile credit limits stated above, I verify this prospective cardholder is a permanent employee.

Manager/Supervisor/Department Head

PURCHASING OFFICE USE ONLY:

- ___ Profile Created
- ___ Appropriate Training Sent
- ___ Training Successfully Completed

Cardholders Only:

- ___ Card Ordered
- ___ Card Received
- ___ Card Picked-Up // Date _____

Last 4: _____ CH Signature: _____

PCARD ADMIN: _____

PCARD ADMIN SIGNATURE _____



Fayetteville State University

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Procurement Card Memorandum of Understanding and Agreement

For and in consideration of the issuance of a university procurement card by Visa, under the agreement between Fayetteville State University and Bank of America, I agree to the terms of this agreement and understand that under certain circumstances modifications to this agreement may be necessary. This memorandum of understanding and agreement is between Fayetteville State University and

_____, of Fayetteville State University in the _____ department. Whereas, Fayetteville State University has instituted a procurement card program that will permit small purchases and expenses for the university to be made directly by the employee of the issued credit card. For employees desiring to utilize this program who are willing to accept the responsibilities associated with participation in the program, it is agreed that the following terms and provisions will be observed when using the credit card.

1. A credit card will be issued jointly with the employee's name and the university's name clearly shown. **Only the employee whose name appears on the card is authorized to use that card.** The employee shall be responsible for keeping the card in a secured location at all times to prevent unauthorized use.
2. The procurement card is another means of payment and does not change any rules and regulations required by the university. Purchases shall be limited to university-approved expenses (for details see the procurement card policy). **It is the responsibility of the departmental budget manager, department head to ensure that funds are available prior to any purchases are made**
3. It is the responsibility of the employee to obtain and forward to the department reconciler all detailed receipts, packing slips, and other paperwork necessary for accurate reconciliation. It is the responsibility of the proxy reconciler to then upload all detailed receipts and necessary justifications to each appropriate transaction within Works. **It is the responsibility of the cardholder to notify the Procurement Card Administrator or Purchasing Office of any changes in employment status (i.e.: change in department) or personal information (i.e.: change of address).**
4. **The cardholder will immediately notify Purchasing Office or the Procurement Card Administrator if the card is lost or stolen or in the hands of an unauthorized person.**

It is understood that use of the credit card is a privilege and that the Business Office may revoke or suspend credit card privileges without prior notice if the terms and conditions of this agreement or any amendments to the agreement are violated. It is also understood that the Business Office receives verification reflecting all charges made on this account. Fayetteville State University will only provide payment for university related expenses and payment is made directly to Visa. It is further understood that the card remains the property of Fayetteville State University and BOA and must be surrendered immediately upon termination of employment or upon request of either the supervisor or the program coordinator.

I acknowledge that I have read, understand and agree to the terms and provisions of this Memorandum of Understanding and the procurement card policy.

_____/ _____
Cardholder Date

_____/ _____
Approver Date

_____/ _____
Budget Manager/Reconciler Date