

Murray State University Purchasing Card Application	
Complete the following application and mail or fax (809-3408) to Procurement Services	
APPLICATION TYPE:	
<input type="checkbox"/> New Cardholder <input type="checkbox"/> Change MSU FOAPAL Number <input type="checkbox"/> Change Credit Limit <input type="checkbox"/> Cancel Card	
CONTACT INFORMATION:	
Applicant: _____	
FIRST NAME	MI
LAST NAME	
Title: _____	Employee Title: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff
MSU Department: _____	
Campus Address: _____	Campus Phone: _____
Campus Email: _____	Campus Fax: _____
CARD INFORMATION:	
MSU FOAPAL NUMBER: _____	
CHART	FUND
ORGANIZATION	PROGRAM
TRANSACTION LIMIT:	
<input type="checkbox"/> \$2,500 (University)	
<input type="checkbox"/> \$500 (Foundation)	
SECURITY QUESTIONS: (you may be ask these questions by the bank when you activate your card)	
Date of Birth: _____	
Last 4 digits of SSN: _____	
Mother's Maiden Name: _____	
CERTIFICATION STATEMENT:	
<p>The named cardholder and their department agree, upon receipt of the monthly statement from JP Morgan Chase, to verify the accuracy of the billings and to keep a file for three (3) years of the statement along with supporting purchasing card receipts (the receipts are to be a descriptive itemization including items purchased, amounts, price and vendor). It is the cardholder's and department's responsibility to audit all purchases made on the Purchasing Card. The audit/review of each monthly statement must be completed by the cardholder and the account manager of the MSU ledger account assigned to the card.</p> <p>NOTE: Monthly charges will automatically be paid by Accounting & Financial Services. Disputes over charges and credits to statements are to be worked out by the cardholder with JP Morgan Chase.</p> <p>If a card is lost or stolen, the cardholder or user department is responsible to notify JP Morgan Chase, Procurement Services, and Public Safety immediately. It is the department's responsibility to notify the Procurement Services when the cardholder is terminated from the University or moved to another position so the card can be cancelled. To cancel a card, complete this application with Application Type marked "Cancel Card."</p> <p>As holder of this purchasing card and as the designated department approver, I agree to accept the responsibility for the protection and proper use of this purchasing card, as enumerated above and in the Purchasing Card Procedures.</p>	
SIGNATURES:	
_____	_____
Cardholder Applicant	Date
_____	_____
1st Approver (or higher authority level if Cardholder is the Account Manager)	Date
_____	_____
2nd Approver (or higher authority level if Cardholder is the Account Manager)	Date
(Required by applicants on MSU foundation accounts only)	