

## Murray State University Purchasing Card Application

### APPLICATION TYPE:

New Cardholder     
  Change Last Name/Contact Information     
  Change Credit Limit     
  Cancel Card

### CONTACT INFORMATION:

Applicant: \_\_\_\_\_  
                     FIRST NAME                      MI                      LAST NAME

Title: \_\_\_\_\_ Employee Title:     Faculty                       Staff

MSU Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Campus Email: \_\_\_\_\_ Campus Fax: \_\_\_\_\_

### CARD INFORMATION:

MSU FOAPAL NUMBER: \_\_\_\_\_  
   CHART                      FUND                      ORGANIZATION                      PROGRAM

TRANSACTION LIMIT:

\$2,500 (University)       Other \_\_\_\_\_ (Justification Required)

\$500 (Foundation)

### SECURITY INFORMATION:

Date of Birth: \_\_\_\_\_ Employee's M#: \_\_\_\_\_

### CERTIFICATION STATEMENT:

The named cardholder and their department agree, upon receipt of the monthly statement from US Bank, 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 FOAPAL assigned to the card.

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 US Bank.

If a card is lost or stolen, the cardholder or user department is responsible to notify US Bank, 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."

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.

### SIGNATURES:

\_\_\_\_\_ Date \_\_\_\_\_  
 Cardholder Applicant

\_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor

\_\_\_\_\_ Date \_\_\_\_\_  
 VP Approval (Required by applicants on MSU foundation accounts only)

### ACCOUNTING PURPOSES ONLY:

\_\_\_\_\_ Date \_\_\_\_\_  
 Program Administrator / Director of Accounting

\_\_\_\_\_ Date \_\_\_\_\_  
 Foundation Controller (Required on MSU foundation accounts only)