

Purchasing Card Application

By signing and submitting this application the individuals agree to abide by the VSU and State policies and procedures regarding use of the card and protection of the card number.

The card is to be used only for official VSU business purchases. Personal charges are not allowed and could result in employment termination. The cardholder must be a permanent employee of Valdosta State University.

The approving supervisor is responsible for alerting the Purchasing Card Administrator of employment transfer or termination of a cardholder. The supervisor is to reclaim the card before termination. Employee exit procedures require the card to be returned before issuance of final payroll check.

The cardholder agrees to have all transactions approved or disputed in the Works program by the 20th of the same month as the statement closing date.

The cardholder and approving supervisor agree that the approved monthly statement with log and adequate receipts is to be received in the Purchasing Card office by the 5th of the month following the card statement closing date.

The Purchasing Card will not be renewed automatically.

The purchasing card will not control a department's budget. Each department is responsible for ensuring that purchases made with the card do not exceed the department's budget.

I hereby agree to the terms of this Agreement and the Purchasing Card Program Policies and Procedures. I understand that I may be held personally accountable for any unauthorized personal charges on this card. I certify that I am either a permanent Full-time or permanent part-time Valdosta State University employee.

Cardholder Signature _____ **Date**

Supervisor Signature _____ **Date**

Budget Manager Signature (if different from above) _____ **Date**

Proxy Reconciler (Print Name) _____ Proxy E-mail Address @valdosta.edu

CARDHOLDER INFORMATION

Name (Print) _____
First Middle Initial Last

E-Mail Address _____@valdosta.edu Dept phone # 229- _____ -- _____

Employee ID # 870- _____ \$ _____ Suggested Credit Limit

VSU Budget Title _____

VSU Budget Number _____
Fund(5) Program(5) Class(5) Department(7) Project(4) Account(6)

Purchasing Card Administrator, Beverly K Amiot _____ **Date**