

**NORTH CAROLINA A&T STATE UNIVERSITY
PROCUREMENT CARD APPLICATION and AGREEMENT**

I, _____, hereby request a procurement card. As a cardholder, I agree to comply with the following terms and conditions regarding my use of the card:

1. I understand that I am entrusted with a valuable purchasing tool (Procurement Card) and will be making financial commitments on behalf of N.C. A&T State University, and will strive to obtain the best value for the University and the State of North Carolina in my purchases.
2. I agree to use this card for approved purchases only and that charges incurred which are expressly prohibited by any policy or procedure shall be my personal responsibility. The published "Procurement Card Manual and Users Guide" is expressly understood to be a part of this agreement. Therefore, I hereby authorize the University to hold my payroll check if unapproved purchases are not settled within a thirty-(30)-day period or if I leave the university and owe money from an authorized purchase.
3. I agree the Procurement Card shall not be used for any non-allowable product/service without prior written approval from the Program Administrator/Program Manager.
4. I agree to return the card upon termination of employment or when requested to do so
5. I understand that the University shall have the right to suspend or cancel my Procurement Card at any time.
6. The approver/department head shall notify in writing the Program Administrator/Program Manager of any cardholder that has a transfer of assignment/department, leaves the university (voluntarily or by termination) to cancel the procurement card.
7. The approver/department head shall immediately notify the Program Administrator of any cardholder that willfully misuses or abuses the procurement card at any time.
8. I hereby subscribe by my own hand and acknowledge that I have read the above carefully and agree to its terms and conditions.

Cardholder Name _____ Banner Employee ID# 95- _____
(Print Name)

Cardholder Signature _____ Date _____

Cardholder University Email Address _____ Telephone # (____) _____

Division _____ Department _____

Banner Finance FOAP# _____

If additional space is required attach a sheet

Approver/Department Head/Dean/Vice Chancellor Name _____
(Print name)

Approver/Department Head/Dean/Vice Chancellor Signature: _____ Date _____

If the Fund, Organization, Account Code, Program Code (FOAP) being used is a Sponsored Program fund, the Contracts and Grants accountant must approve the application.

Contracts and Grants Accountant Name _____

Contracts and Grants Signature _____ Date _____

We have attended procurement card training and received a copy of the procurement card policy and procedures on the _____ day of _____, 20____

Cardholder Signature _____ Approver Signature _____