

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 only fulltime NC A&T State University employees with permanent status may be allowed to become PCard cardholders.
2. I understand that I am entrusted with a valuable purchasing tool (Procurement Card) and will be making financial commitments on behalf of NC A&T State University, and will strive to obtain the best value for the University and the State of North Carolina in my purchases.
3. 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 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.
4. I agree the Procurement Card shall not be used for any non-allowable product/service without prior written approval from the Program Administrator or Program Manager.
5. I agree to return the card upon termination of employment or when requested to do so.
6. I understand that the University shall have the right to suspend or cancel my Procurement Card at any time.
7. The approver/department head shall notify in writing the Program Administrator or Program Manager of any cardholder that has a transfer of assignment/department, leaves the University (voluntarily or by termination) to cancel the Procurement Card.
8. The approver/department head shall immediately notify the Program Administrator or Program Manager of any cardholder that willfully misuses or abuses the Procurement Card at any time.
9. 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 Number _____
_____ (Print Name)

Cardholder University Email Address _____ Phone _____

Division _____ Department _____

Name of Proxy (if applicable) _____

Banner Finance: Fund# _____ Organization# _____ Program# _____ Bank# _____
(If additional space is needed for multiple funds, attach a separate sheet)

Name of Fund _____

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

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

If the fund 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 _____

I have attended procurement card training and read a copy of the procurement card policy and procedures on the _____ day of _____, 20____.

By signing below, the signers attest that all information provided on this form is true to the best of their knowledge.

Cardholder Signature _____ Date _____

Approver Signature _____ Date _____