

**ARKANSAS STATE UNIVERSITY-JONESBORO  
PURCHASING CARD NEW ACCOUNT INFORMATION**

**New Account Application**

Complete information in **RED**. This information is REQUIRED!

<div>_____</div> <div><b>First Name</b> - (Embossed on Card)</div>		<div>_____</div> <div><b>Middle Initial</b> - (Embossed on Card)</div>		<input checked="" type="checkbox"/> A. New Account <input checked="" type="checkbox"/> Plastic	
<div>_____</div> <div><b>Last Name</b> - (Embossed on Card)</div>					
<div>000-00-_____</div> <div><b>LAST 4 DIGITS ONLY PLEASE!</b></div> <div><b>Social Security Number</b> - 4 characters (Required)</div>				<div>_____</div> <div><b>PCard Holder Signature</b></div> <div>_____</div> <div>Date: _____</div>	
<div>ARKANSAS STATE UNIVERSITY</div> <div>PO BOX 1860</div> <div>STATE UNIVERSITY, AR 72467-1860</div> <div>_____</div> <div>Date of Birth</div>					
<div>_____</div> <div><b>Fund</b>      <b>Orgn</b>      <b>Prog</b></div>				<div>_____</div> <div><b>Dean/Director Signature if applicable</b></div> <div>_____</div> <div>Date: _____</div>	
<div>STATE UNIVERSITY</div> <div>City - 25 characters</div>					
<div>_____</div> <div><b>AR</b>      <b>72467</b>      <b>1860</b></div> <div>State - 2 characters    Zip code - 5 characters    Zip expansion - 4 characters</div>				<div>_____</div> <div><b>Vice Chancellor Signature if applicable</b></div> <div>_____</div> <div>Date: _____</div>	
<div>_____</div> <div>Monthly Limit is not to exceed \$2500.</div>					
<div>_____</div> <div><b>Home Phone</b> - 10 characters      <b>Business Phone</b> - 10 characters</div>					

<b>GRANT ACCOUNTS ARE NOT ALLOWED ON THE PCARD.</b> <b>DEPARTMENTAL ACCOUNT MUST BE USED AND REALLOCATED TO THE GRANT ACCOUNT IN US BANK WEBSITE.</b>	<div>Credit Card Administrator Signature (Procurement Signature Only)</div> <div>_____</div> <div>Date: _____</div>
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**Please complete the section below for our records.**

Department Supervisor Name: \_\_\_\_\_ Department Supervisor Email Address: \_\_\_\_\_

Person Responsible for the PCard Reconciliation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Application Processed by Procurement: \_\_\_\_\_

**ARKANSAS STATE UNIVERSITY-JONESBORO**  
**NEW ACCOUNT AGREEMENT**

Card User Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below I agree to the following:

- I have read the Procurement Card Program Policies and Guidelines Manual and the PCard related materials found on the Procurement Services web site.
- I agree my monthly credit limit will not exceed \$2500.
- I agree that any credit limit changes must be justified and approved by the division Vice Chancellor.
- I agree to document all PCard expenditures on the receipt and attach it to the PCard Statement Report in Concur.
- I will not accept any cash refund or gift card in exchange for returned items and will report any vendors that attempt to do so to Procurement Services.
- I have made arrangements with another employee to complete my PCard Statement Report in the event I cannot complete it due to emergency, illness, vacation, conference, etc.
- I understand that if my PCard Statement Report is late or incorrect and I have not amended the situation in a timely manner, my PCard privileges will be suspended or terminated which will be determined by the Credit Card Administrator in Procurement.
- I understand it is my responsibility to be aware of any overspending in the departmental budget using my PCard. If I exceed my fiscal year budget due to the use of the PCard will be taken from the next year's fiscal budget.
- I understand which items can and cannot be purchased using the PCard. I also agree not to split any charges to circumvent university policy and state regulations of \$2500 per item or single invoice total.
- I accept full personal responsibility for the safekeeping of PCard assigned to me and that absolutely no one, other than me, is permitted to use the PCard assigned to me unless a Delegated User form has been sent to the Credit Card Coordinator in Procurement.
- I will be making financial commitments on behalf of Arkansas State University and will always endeavor to obtain fair and reasonable prices.
- I have received training associated with the use of the PCard and agree to follow all procedures established for the use of such.
- I will not use the PCard for non-ASU official business, unauthorized or personal purchases.
- I will immediately report the theft or loss of the PCard to Visa by phone at 1-877-877-9260, my Departmental Liaison and the ASU Credit Card Coordinator, 972-2028.
- I will surrender my PCard upon (a) my termination of employment with ASU, or (b) transfer to another department within ASU, or (c) my supervisor or the ASU Credit Card Coordinator requests surrender of my card. Further, I understand that my last paycheck will be withheld until the PCard is properly surrendered.
- I understand that any purchases made by me, with the PCard, will be recorded and reviewed in management reports for payments, possible discrepancies and appropriateness of purchase.
- I understand that I am personally responsible for obtaining all original itemized receipts and submitting them in accordance with the ASU PCard procedures. I must be aware of the location of items purchased with the PCard.
- I understand that failure to follow any of the above listed terms and conditions or if found to have misused the PCard in any manner may result in (a) revocations of the privilege to use the card, (b) disciplinary action, (c) termination of employment, and/or criminal charges being filed with the appropriate authority. I hereby accept the above terms and conditions.

\_\_\_\_\_  
PCard Holder (printed name)

\_\_\_\_\_  
PCard Holder Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Dean/Director (printed name)

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Vice Chancellor (printed name)

\_\_\_\_\_  
Vice Chancellor Signature

\_\_\_\_\_  
Date Signed

**ARKANSAS STATE UNIVERSITY-JONESBORO**  
**NEW ACCOUNT AGREEMENT**

**Background Check Request**  
(PCARD)

Date: \_\_\_\_\_

To: Human Resources

Fax: 972-3337

From: \_\_\_\_\_

Phone: 972-3454

Department: Procurement Services

**THE ABOVE SPACE TO BE FILLED OUT BY PROCUREMENT ONLY! DO NOT WRITE IN THE ABOVE SPACE.**

The following individual has applied for the PCard in the department listed below. Please process the required background check and notify Procurement Services as soon as it is completed.

**Employee Name:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Position Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

☐ Approved      ☐ Denied

Human Resource Signature: \_\_\_\_\_

Date Returned to Procurement Services: \_\_\_\_\_

**Human Resources will return to Procurement Services when completed by HR.**

**Agreement**

Please read this statement carefully. By submitting this application, you are agreeing to the terms listed below.

I certify that the information given herein is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination.

I understand that if I am the final applicant for this position I will be required to authorize background checks. I hereby agree to execute any authorization required to complete the background reports by a consumer reporting agency such as HireRight Reporting Agency and to the release of such background reports to Arkansas State University and its designated representatives and agents, for the purpose of assisting in making a determination as to my eligibility for employment, internal promotion, or other lawful employment purposes.

I agree that I will authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local) motor vehicle records agencies, my past or present employers, military and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. BY SIGNING BELOW, I certify that I have read and agree with these statements.

\_\_\_\_\_  
**Applicant's Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Date Application Processed: \_\_\_\_\_