



North Dakota University System

Purchasing Card Application and Use Agreement

Applicant Information

Full Name: _____ Employee ID: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

DOB (mm/dd/yyyy): _____ Country of Citizenship: _____

Department: _____ Dept/Employee Supervisor: _____

Dept Address: _____
Street Address Unit/Stop #

City State ZIP Code

Disclaimer and Signatures

1. I agree, upon receipt of monthly card statement, to verify the accuracy of the charges and to forward the statement, detailed receipts, Purchasing Card Record, and/or any other additional documentation your institution may require, to the Department Card Supervisor/Card Administrator, by no later than the specified date established by your Card Supervisor/Card Administrator.
2. As a cardholder, I am responsible for ensuring that all charges made to the purchasing card conform to the NDUS Purchasing Card Policy and the provisions defined. I understand that misuse of the card procedures may result in revocation of the purchasing card and may involve appropriate disciplinary action, up to and including termination and possible criminal prosecution.
3. I understand that the NDUS PCard Training must be completed prior to obtaining and using the purchasing card. Pursuant to the NDUS Purchasing Card Policy, I will complete this training on an annual basis for the duration of time that I have a purchasing card.
4. I understand that no personal purchases may be made on the card, or use the card for purposes that are outside the bounds of the normal institution's purchasing needs or authority per the department's authorization. Purchases must be ordinary, necessary, and reasonable both in amount and relative to a business purpose.
5. I understand that if personal charges occur, or if the card is otherwise misused, the funds must be reimbursed within the timeframe defined by your Card Administrator. Reimbursements may be in the form of a check or authorized payroll deduction (pursuant to [N.D.C.C 34-14-04.1](#)). Checks would be made payable to your institution and delivered to your Card Administrator.
6. Should my employment be terminated or transferred between departments/institutions, the issued card(s) must immediately be returned to the Card Administrator.
7. The card is issued in my name. I take full responsibility for all charges against the card. Since I am responsible for all charges, I will resolve any discrepancies by either contacting the merchant or card company.
8. If a card is lost/stolen, I am responsible for IMMEDIATELY NOTIFYING the card company (JPMorgan Chase, 800-270-7760) and Card Administrator.

9. I verify that I have read and understand the NDUS Purchasing Card Policy, any additional policies my institution may have, and understand what the card can and cannot be used to purchase. All exceptions must be made in writing through the Card Administrator and the cardholder's Department Supervisor prior to the special circumstance charge.

By signing this form, I agree to accept the responsibility for the protection and proper use of this purchasing card. I understand and agree to all of the disclaimers found within this Use Agreement, and any additional documentation my institution may have. I am also providing authorization to the Card Administrator to give personal information obtained on this form to the card issuer, JPMorgan Chase, for their internal use only. This information is needed in order to setup and receive a Purchasing Card, and will not be used for any other purpose.

Signature of Applicant/Cardholder

Date

I approve the issuance of a Purchasing Card to the above-named employee and acknowledge the responsibility for supervising the proper use of the card.

Signature of Authorized Department Supervisor

Date

Signature of Procurement Card Administrator

Date

Business Unit: _____

MCC Group: _____

Fund #: _____

Dept #: _____

Program #: _____

Project #: _____

Monthly Credit Limit: _____

Single Transaction

Limit: _____