

Murray State University Purchasing Card Application

APPLICATION TYPE:

 New Individual Card

 Fuel Card

 Rental Car

 Change Information

 Cancel Card

CONTACT INFORMATION:

Applicant: _____
Legal Name (First and Last Name Required)

Position Title: _____

Grant Title:
(If the ORG is
a grant)

MSU Home Department: _____

Campus Address: _____ Campus Phone: _____

Applicant Campus Email: _____

CARD INFORMATION:

MSU FOAPAL NUMBER: _____
CHART
FUND
ORGANIZATION
PROGRAM

TRANSACTION LIMIT:

 \$4,999 (University)

 \$500 (Foundation)

 \$500 (Fuel)

 Other _____ (Justification Required)

SECURITY INFORMATION:

Date of Birth: _____

Employee's M#: _____

CERTIFICATION STATEMENT:

The named cardholder and their department agree, upon receipt of the monthly statement from US Bank, to verify the accuracy of the billings and to keep a file for three (3) years of the statement along with supporting purchasing card receipts (the receipts are to be a **descriptive itemization** including items purchased, amounts, price and vendor). It is the cardholder's and department's responsibility to audit all purchases made on the Purchasing Card. The audit/review of each monthly statement must be completed by the cardholder and the account manager of the MSU FOAPAL assigned to the card.

NOTE: Monthly charges will automatically be paid by Accounting & Financial Services. Disputes over charges and credits to statements are to be worked out by the cardholder with US Bank.

If a card is lost or stolen, the cardholder or user department is responsible to notify US Bank, Procurement Services, and Public Safety immediately. It is the department's responsibility to notify the Procurement Services when the cardholder is terminated from the University or moved to another position so the card can be cancelled. To cancel a card, complete this application with Application Type marked "Cancel Card."

As holder of this purchasing card and as the designated department approver, I agree to accept the responsibility for the protection and proper use of this purchasing card, as enumerated above and in the Purchasing Card Procedures.

SIGNATURES:

Cardholder Applicant

Date

Financial Manager (If different than Cardholder)

Date

Supervisor (If different than Financial Manager)

Date

VP Approval (Required by applicants on MSU Foundation accounts only)

Date

ACCOUNTING PURPOSES ONLY:

Program Administrator/Director of Accounting

Date

Foundation Controller (Required on MSU Foundation accounts only)

Date