

University of Idaho Purchase Cardholder Agreement

Please complete and email to crtravel@uidaho.edu											
Print Cardholder Name (First Name, Middle Initial, Last Name):	Cardholder Department/Banner Code:										
<p>The University of Idaho Purchasing Card is intended for transactions of \$5,000 or less. All purchases with this Card must comply with the guidelines in the University of Idaho's Faculty-Staff Handbook (FSH), the UI Purchasing Card Manual, and other funding agency restrictions that may apply. The following items are restricted by the FSH and may not be purchased using the UI Purchasing Card:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Alcoholic Beverages/Controlled Substances</td> <td style="width: 50%;">Personal purchases</td> </tr> <tr> <td>Ammunition/Weapons</td> <td>Utilities, cell phone and internet service</td> </tr> <tr> <td>Recurring or auto-renewal expenses</td> <td>Individual Memberships/Subscriptions</td> </tr> <tr> <td>Office Decorations for private offices</td> <td>Gift cards and gift certificates</td> </tr> <tr> <td>Travel Items: per diem meals, fuel for personal vehicles</td> <td>Payment to or on behalf of Independent Contractor</td> </tr> </table>		Alcoholic Beverages/Controlled Substances	Personal purchases	Ammunition/Weapons	Utilities, cell phone and internet service	Recurring or auto-renewal expenses	Individual Memberships/Subscriptions	Office Decorations for private offices	Gift cards and gift certificates	Travel Items: per diem meals, fuel for personal vehicles	Payment to or on behalf of Independent Contractor
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<p>Please note: Consulting fees, one-time services and independent contractors, 3rd party payments, and travel with personal or indirect travel routes are not allowed on the purchasing card. If you have questions regarding exceptions or restrictions, please contact the Program Administrator at (208) 885-5379.</p> <p>If the card is lost, the Cardholder is responsible for notifying USBANK at (800) 344-5696 and Accounts Payable at crtravel@uidaho.edu. If the card is stolen, you must also notify Campus Police at 882-5551.</p> <p>Should the Cardholder terminate employment with the university, the Cardholder and respective department are required to clear all outstanding charges and notify the Purchasing Card Administrator of changes and forward a US Bank Purchasing Card Cardholder Account Form marked for card termination to crtravel@uidaho.edu or fax to 885-5417.</p> <p>Non-adherence to any of the above procedures may result in revocation of individual Cardholder privileges. Cardholders should also be aware of Idaho law regarding misuse of financial transactions cards such as P-Cards (see Purchasing Card Memo from Office of General Counsel 1/15/2009 found at http://www.uidaho.edu/finance/controller/accounts-payable/ap-forms).</p>											
<p><i>As holder of this Purchasing Card, I understand that this Card is the property of the University of Idaho and that it is to be used solely for its intended purpose of payment for authorized university purchases and authorized university travel. I am responsible for all charges on this card and providing receipts and documentation of the purchases. If the card is reported lost or stolen, I am not responsible for unauthorized charges.</i></p> <p><i>I have read and understand the above terms and that my failure to abide by these policies will result in the loss of privilege to use the UI Purchasing Card.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; padding: 5px;">Cardholder Signature:</td> <td style="width: 40%; padding: 5px;">Date:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>		Cardholder Signature:	Date:								
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<p><i>As department head, and division dean or financial officer, I approve issuance of a Purchasing Card to this employee and assume overall responsibility for the Card.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; padding: 5px;">Department/Division Head's Name and Signature:</td> <td style="width: 40%; padding: 5px;">Date:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">Dean or Financial Officer's Name and Signature:</td> <td style="padding: 5px;">Date:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>		Department/Division Head's Name and Signature:	Date:			Dean or Financial Officer's Name and Signature:	Date:				
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**PURCHASING
CARD
APPLICATION**

TYPE OF REQUEST

- NEW ACCOUNT: ADDRESS CHANGE
 DEPARTMENT CHANGE
 SINGLE TRANSACTION LIMIT
 TERMINATION
 OTHER

ACCOUNT NUMBER

EMPLOYEE APPLICATION INFORMATION PLEASE TYPE THE INFORMATION BELOW

FIRST NAME _____ MI _____ LAST NAME _____

V _____
EMPLOYEE VANDAL ID NUMBER (required) DATE OF BIRTH (MM/DD/YYYY) (required)

DEPARTMENT ADDRESS (required)

CITY _____ STATE _____ ZIP _____ MAIL STOP _____

BUSINESS PHONE _____

EMPLOYEE EMAIL ADDRESS _____ DATE OF COMPLETED TRAINING (required) _____

COMPANY INFORMATION TO BE COMPLETED BY AUTHORIZED DEPARTMENTAL RECORD KEEPER

Department Name (EMBOSS ON CARD) _____

PLEASE INDICATE CHOSEN FEATURE(S):

Default Index Default Expense Code \$ 20000.00 \$ _____ .00
MONTHLY CREDIT LIMIT SINGLE TRANSACTION LIMIT

Record Keeper Name Campus Zip Record Keeper email address Record Keeper Business Phone Date of Completed Training (required)

Employee Applicant requests that he/she be issued a U.S. Bank Commercial Card. Employee Applicant understands that this card is to be used for business charges only and agrees to be bound by the U.S. Bank Cardholder Agreement and the State of Idaho for all charges incurred by the use of the card or the related account.

As the cardholder, the employee is responsible to ensure that only proper charges are placed on the purchasing card. As the cardholder, by signing the agreement, the employee acknowledges that any misuse of the card is a violation of University of Idaho policies and that any use of the card for personal purchase is also a violation of State of Idaho law and the employee may be subject to criminal prosecution,

Employee Applicant Signature _____ Date _____

TO BE COMPLETED BY the Purchasing Card Administrator

3757 3839 _____
U.S. BANK CO (NUMERIC) DIVISION (NUMERIC) COLLEGE. (NUMERIC) DEPARTMENT (NUMERIC)

Purchasing Card #:

Exp. Date: