



**PURCHASING CARD
APPLICATION AND AGREEMENT - DEPARTMENT**

New

Change (Only complete fields to be changed)

Cardholder Account # _____ (need last 4 digits for changes) Delete/Close

Company Information

University of Nevada, Reno - #05170

Cardholder Information

Department Name			For Security Purposes Only		
Name Line 2			(Required by the Bank)		
Address Line 1			9-digit Employee ID number (employee making edits):		
Address Line 2			Birthdate:		
City			- -		
State			Mother's Maiden Name or Access Code		
Zip Code			_____		
Accounting Code:			Work Phone: _____		
Fund	Agency	Org	Cell Phone: _____		

Cardholder Controls

Credit Limit (CSL)	\$ 5,000	Single Purchase Limit	\$ 2000	(\$ 2000 Max)
Credit Limit Change Requested	\$ _____	Transactions/Cycle	500	
Is the Change Temporary:	Yes No. If Yes, How long _____	MCC Group	NEV	
Authorizations/Day	50	(Merchant Category Code Group)	Include	Exclude

Cardholder Approvals

Approved (Please Print) _____ (Dept. Chair/Director) (Required for any credit limit changes)	Signature: _____	Date: _____
Approved (Please Print) <u>Joyce Stauffenberg or Sheri Mendez</u> (Purchasing Card Administrator)	Signature: _____	Date: _____

Internal PaymentNet Information

To whom should the purchasing card edit e-mail reminders and Pcard correspondence be sent too?

Name: _____	E-mail Address: _____
Name: _____	E-mail Address: _____
Name: _____	E-mail Address: _____

Who should have access to PaymentNet to review and edit transactions and print the Statement of Account related to this purchasing card?

Name: _____	E-mail Address: _____
Name: _____	E-mail Address: _____
Name: _____	E-mail Address: _____

Reporting Hierarchy Levels - Controller's Office Use Only

Level 6 Name:			Level 6 #	
Reporting Hierarchy Level Numbers*	Level 2 (Region)	Level 3 (Div)	Level 4 (Sub)	Level 5 (Fin)

The University of Nevada, Reno Purchasing Card Department Cardholder Agreement

As department chair, I agree to implement procedures to insure that all uses of this card will comply with the terms and conditions of this agreement and the stated provisions of the Purchasing Card Policies and Procedures Manual(Procedures Manual) provided to me (available at http://www.unr.edu/campus-business/all-forms#551). I acknowledge receipt of the Procedures Manual and confirm that I have read and understand its provisions. I understand that the university is liable to JP MorganChase MasterCard for all charges made with this card.

As the person responsible for this card, I agree to accept responsibility for the protection of this card and for following established procedures to insure that all uses will comply with the terms and conditions as outlined in this agreement and the Procedures Manual. It is understood that the department purchasing card **CANNOT** be used for the purchase of goods or services listed on the last page of this agreement and that the purchase of such goods or services shall be deemed an improper use of the department purchasing card.

I further understand that improper or fraudulent use of this department purchasing card may result in disciplinary action and/or personal liability to the person using the card. Purchases made using the department purchasing card which are deemed improper or fraudulent **will be the responsibility of the department** and chargeable to non-state, unrestricted funds of the department.

I understand that the university may terminate this department’s right to use the department’s purchasing card at any time for any reason. I agree to return this card to the university immediately upon request.

APPLICANT (Person responsible for this card):

Signature: _____ **Date:** _____
Printed Name: _____ **Campus Phone:** [][][] - [][][] - [][][][]
Department: _____ **Campus Fax:** [][][] - [][][] - [][][][]
Mail Stop #: _____ **Email Address:** _____

I approve the issuance of a department purchasing card to this department and assume overall responsibility for the card.

Approved by: _____
Department Chair/Director

Approved by: _____
Dean or Vice President

I hereby acknowledge receipt of department purchasing card #: _____
Expiration Date: _____ (to be completed when card is picked up)
Signature: _____ **Date:** _____

Use of the Purchasing Credit Card

The university purchasing credit card **cannot** be used at any time for the following goods or services:

- Items for Personal Use.
- Independent contractor expenses other than airfare.
- Cash advances.
- Participant support expenses paid to participants.
- Printing/copying services over \$100.00 must be approved by Marketing & Communications and a release authorization number given (does not apply to departments outside the Reno/Sparks area).
- Employee Travel Expenses for hotels, meals and personal travel expenses.
- Traveler's Checks.
- Recurring transactions that should be requested through business center north purchasing department.
- Purchasing gift cards for employees.
- Payments / gifts for employees.