

FAMU Purchasing Card

New Cardholder Set Up Form

Are you a previous cardholder Yes No

Have you completed pCard Training Yes No

CARDHOLDER INFORMATION

Company Name Florida A&M University
Company Number (7 digits): 6601198

Employee First Name		
Employee Last Name		
Employee Campus Address		
City, State, Zip		
Work Phone		
Employee ID		
Cardholder's Email Address		
Hierarchy Name		
Hierarchy Work Number		

Internal Accounting Code **Dept #** **Fund #** **Program #** **Project#**

PARAMETERS

Credit Limit		
Single Purchase Limit		
Daily Purchase Limit		

MAILING INSTRUCTIONS

Send Cards To:	Administrator	
Name	Stephany Fall	
Address	2380 Althea Gibson Way Ste 214	
City, State, Zip	Tallahassee, FL 32307	
Phone Number	(850) 599-3203	

SIGNATURE APPROVALS

Cardholder's Signature		Date:
Hierarchy Signature: (Cardholder's Supervisor)		Date:
Vice President or President (required)		Date:
VP & CFO (required)		Date:
Director of Procurement Services (required)		Date:

Florida A&M University

Purchasing Card Program

Cardholder Agreement

CARDHOLDER'S NAME: _____

I AGREE TO THE FOLLOWING REGARDING THE USE OF THE FAMU PURCHASING CARD ASSIGNED TO ME FOR OFFICIAL STATE BUSINESS ONLY

- I understand that I am entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the Florida A&M University and will strive to obtain the best value for University.
- I understand that under no circumstances will I use the Purchasing Card to make personal purchases, either for others or for myself. Willful intent to use the Purchasing Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
- I will follow University & Florida Law, purchasing policies of my employing university, and the established guidelines for using the Purchasing Card. Failure to do so may result in either revocation of my card access or other disciplinary action.
- I have been provided a copy of the Purchasing Card Guidelines and understand the Purchasing Program. I have been given an opportunity to ask questions to clarify my understanding of the Purchasing Card Program.
- I agree to review and reconcile transactions timely and, I will maintain all applicable information and receipts.
- I agree to forward my original receipts/invoices to the Reconciler within 7 days of the purchase.
- I agree that, should I violate the terms of the Agreement, I will be subject to disciplinary action up to and including termination of employment and that I will reimburse Florida A&M University for all including charges and any costs related to the collection of such charges. Additionally, any such charges that I owe the university may be deducted from any money which would otherwise be due and owing me, including salary or wages, in accordance with the University Regulations.

Cardholder Signature

Date

VP & CFO Signature

Date