

# 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

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

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

### PARAMETERS

<b>Credit Limit</b>		
<b>Single Purchase Limit</b>		
<b>Daily Purchase Limit</b>		

### MAILING INSTRUCTIONS

<b>Send Cards To:</b>	Administrator	
<b>Name</b>	Mattie Hood	
<b>Address</b>	2380 Althea Gibson Way Ste 214	
<b>City, State, Zip</b>	Tallahassee, FL 32307	
<b>Phone Number</b>	(850) 599-3203	

### SIGNATURE APPROVALS

<b>Cardholder's Signature</b>		Date:	
<b>Hierarchy Signature:</b> (Cardholder's Supervisor)		Date:	
<b>Vice President or President</b> (required)		Date:	
<b>VP &amp; CFO</b> (required)		Date:	
<b>Director of Procurement Services</b> (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