



New Mexico State University
Accounts Payable
Procurement Card Request Form & Agreement
Submit form to: MSC 3AP

Request for Procurement Card: Individual Cardholder (Type or Print)

Cardholder Name:			
Title:		Banner Id:	
Phone Number:		Department:	
NMSU Email:			

Name and Address as it will appear on card and statement:

 (Name – 22 Spaces maximum, no nicknames or prefixes, should include middle initial)

NMSU

 (Department Name – 19 Spaces maximum)

MSC

 (PO Box if Applicable – 17 Spaces maximum)

 (City – 13 spaces max) (State) (Zip Code + 4 digits)

All card purchases will be automatically charged to the following default account number. Default account number assigned must be an unrestricted index.

_____ - 738010

Procurement Card Agreement:

- This agreement is entered into between New Mexico State University and _____ as cardholder, for the period from _____ (Card holder name) _____ to until cancelled by either party. _____ (Current date)

2. Purpose.

The purpose of this agreement is to establish the responsibilities of the Cardholder in the Procurement Card Program; compliance with all requirements detailed in the University's Procurement Card Policies and Procedures and in the Business Procedures Manual are hereby incorporated as conditions of continued card use.

3. Responsibilities.

- **Immediately** report a lost or stolen card directly to Wells Fargo Bank at 1-800-932-0036 and to Doris Boteler 575-646-1260. Also, when a replacement card has been assigned, you must notify ICT Help Desk by sending a notice to help_admin@nmsu.edu
- **Never** use the card for personal purchases, cash advances, or travel related expenses, except for registration fees as noted in Section 04.00.45 of the Business Procedures Manual.
- **Never** use the card to purchase items included in the Section 04.00.45 Unallowable and Restricted Procurement Card Purchases of the Business Procedures Manual.
- **Secure the card** from fraudulent use and immediately report any unauthorized use of the card to Wells Fargo Bank at 1-800-932-0036.
- For each transaction made with the card, obtain detailed official documentation of the nature of the purchase from the vendor. The department must maintain the purchase documentation for a period of six years. For grants and contracts, this is six years or three years from the end of the fiscal year in which the contract is closed, whichever is greater.
- Keep an accounting of all orders placed using the card. Immediately settle problems with items or shipments directly with the vendor from which the item was purchased and document the issue.
- Contact Wells Fargo Bank at 1-800-932-0036 within five (5) days of receipt of your bank card statement for any items that is disputed.
- Limit purchase to \$2,500 per transaction, and \$10,000 per monthly billing cycle, except where special permission has been received by Central Purchasing. Do not split purchases.
- Obtain tax exemptions from the vendor at the time of the purchase of goods. Each card is marked to identify the university's tax exempt status.
- Upon termination of employment, change of status or if the card is no longer needed, the card must be immediately turned in along with a Procurement Card Maintenance form to Accounts Payable MSC 3AP, Attn: Doris Boteler.
- Follow any additional instructions, policies and procedures your department may set forth or that may be provided to you during Cardholder Training sessions.

4. Cancellation/Revocation/Withdrawal of Credit Card.

NMSU reserves the right to cancel at any time any Procurement Card that, in its opinion, has been used contrary to the policies and procedures established or referenced herein.

5. Request for Procurement Card System Access.

All new cardholders must complete a Procurement Card System Access Form & Agreement. Questions and assistance regarding completion of the form should be directed to ICT Help Desk at 575-646-4357. The system access forms are available at: <http://www.nmsu.edu/~boffice/forms>.

6. Signatures.

I have read and understand all of the above information and responsibilities. I agree to abide by the policies and procedures set forth in this agreement as a condition of continued card use. I understand that abuse of this card may result in the card being immediately revoked upon my failure to comply with any of the terms of this Agreement; and any unauthorized charges may become my personal liability.

Cardholder

Printed or Typed Name	
Signature	
Date	

Department Head or Dean/Director*

I authorize this applicant to have access to a Procurement Card and to commit University funds.

Printed or Typed Name	
Signature	
Date	

Accounts Payable

Printed or Typed Name	
Date	
Date Training Completed	
Date Transmitted to WF	

*If card holder is Department Head or above, next higher level signature required.