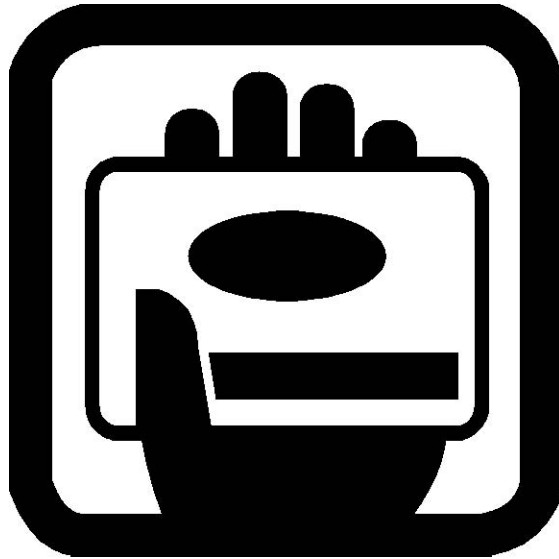


SUL ROSS STATE UNIVERSITY PURCHASING CARD PROGRAM



FORMS

SUL ROSS STATE UNIVERSITY
PURCHASING CARD PROGRAM
ACTION/APPLICATION FORM

Action Requested (check one of the following)	
New Card Request _____ Account Change _____	*Card Cancellation _____ *Card No. _____
Department Information	
Department: _____ Account Number(s): _____ Account Manager: _____ Acct. Manager Email Address: _____ Acct. Manager Phone: _____ Acct. Manager Fax: _____	
Cardholder Information	
Cardholder Name (24 characters): _____ Social Security Number: _____ SRSU Mailing Address: _____ Cardholder Email Address: _____ Cardholder Work Phone: _____ Cardholder Fax: _____ Cardholder Home Phone: _____	
Cardholder Purchase Limits (This section <u>must</u> be completed)	
Spending Limit Per Month (maximum \$5,000): _____ Single Purchase Limit (maximum \$2,000): _____ Cardholder Annual Credit Limit per Account (specify limit for each budget acct.): _____ _____	

Sign and forward application form to Purchasing Department at: Box C116

Account Manager Signature: _____

Name (print/type): _____

Title: _____

Date: _____

Approved By: _____ Date: _____
(Program Administrator Signature)

* Lost or stolen cards must be reported immediately to Citi Bank at (800) 248-4553. Contact the SRSU Purchasing Card Program Administrator at (432) 837- 8045 after contacting Citi Bank.

Instructions for Purchasing Card Application

- 1. Action Requested** – Check one box to signify if this is a NEW application, a CHANGE or a request to CANCEL/CLOSE an existing card. Please be sure to provide the card number for all options except NEW application.
- 2. Department Information** – Provide all information in this section. If the cardholder will be authorized to charge to more than one account number under your control, please enter each approved account number in this section.
- 3. Cardholder Information** – Provide all information in this section including cardholder's home phone number.
- 4. Cardholder Purchase Limits** – Provide the desired limits for this cardholder. If the cardholder will be authorized to charge to more than one account number under your control, please list each account number separately with the annual credit limit for each separate account number.
- 5. Signatures** – This application must be signed and dated by the appropriate account manager and forwarded to the Purchasing Department. The Purchasing Card Program Administrator will review the application and if approved, will have the card ordered. Cardholders will be required to attend training before receiving their card.

SUL ROSS STATE UNIVERSITY
CARDHOLDER PURCHASING CARD AGREEMENT

I hereby acknowledge receipt of a Sul Ross State University (SRSU) MasterCard Purchasing Card. As a cardholder, I agree to comply with the terms and conditions of this Agreement and the Purchasing Card policies and procedures.

I acknowledge that I have read and understand the terms and conditions of this Agreement and the Purchasing Card policies and procedures. I understand that SRSU is liable to Citibank and MasterCard for all SRSU charges.

I agree to use this card for SRSU approved purchases only and agree not to charge personal purchases. I understand that SRSU will audit the use of this card and report any discrepancies.

I further understand that improper use of this card may result in disciplinary action, which may include termination of employment. I agree to repay SRSU any amounts owed by me even if I am no longer employed by SRSU.

I understand that the card is the property of SRSU. I further understand that SRSU may terminate my right to use this card at any time for any reason. I agree to return the card to SRSU immediately upon request or upon termination of employment.

Cardholder: Master Card #: _____

Signature: Date: _____

Printed Name: Department: _____

Cardholder Signature: _____

SUL ROSS STATE UNIVERSITY
Purchasing Card Transaction Log (Sample)

Ref No.	Order Date	Vendor Name	Description	FOAPAL 121111-555555 2	FOAPAL 222111-5555 55	FOAPAL 445111-55555 5	Account Code	
4	5	6	3	Beginning Balance	1,000.00	500.00	200.00	12
1	3/4/07	Quill	7	Paper, Pens	50.00			7300
2	3/5/07	True Value		Nuts and bolts	10.00			7300
3	3/27/07	Office Depot		Address Stamps		25.00		7334
4	3/30/07	Office Depot	10	Returned stamps spelling error		25.00		7334
			11	Balance as of 3/31/07	940.00	500.00	200.00	
				Default:				
		14		add signatures after printing.				
15								
5	4/10/07	Baeza's Thriftway		Refreshments for meeting		50.00		7315
	4/27/07	16		Budget Increase approved		100.00		

Cardholder Name:

① _____ John Doe

Last four digits of card: 4369

Account Code Key		
7299 Contracted Services	7315 Food/Entertainment	7367 Maintenance/Repair
7300 Supplies & Materials	7281 Advertisements	7380 Computer Software
7303 Subscriptions	7334 Furniture/Equipment	7382 Books/Ref. Materials