**UNIVERSITY OF MINNESOTA**

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|  | **Procurement Card Application****(US Bank)** |

**Section I** – Card Applicant Information – Please fill out electronically

**This section to be completed by PCard Applicant**

New cardholders must complete the *PCard Cardholder Training: Using the University PCard* online training before a new card can be ordered. Indicate the date the training was completed.

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| **Employee ID #:**  | **Internet ID:**  | **Email Address:**  |
| **Card Applicant Name: (Limit 23 Characters, including spaces)** (How you want your name embossed on the card)**Employee ID #:**  |
| **First Name MI (Optional) Last Name**Middle Initial (Optional) | **Phone # (xxx-xxx-xxxx)** |
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| **Cardholder Agreement:** As a University of Minnesota Procurement Cardholder, I:1. Accept the responsibility for the protection and proper use of the card.
2. Understand the card may be used only for authorized University business related purchases and no personal purchases are permitted.
3. Understand any personal, improper or fraudulent charges on the card could be considered misappropriation of University funds and will result in immediate revocation of the card any may result in corrective action up to and including termination and/or criminal prosecution. In addition, the University will seek restitution for any inappropriate charges.
4. Must report a lost/stolen card immediately.
5. Understand the University may terminate the right to use the card at any time for any reason.
6. Will not lend my card to others to use.
7. Certify successful completion of the required online PCard training.
8. Will ensure that the purchases made with this card are allowable for the type of funds used. (Refer to University policy and sponsoring agency regulations).
9. Agree to assume personal liability for any unallowable activity and understand that the University of Minnesota may proceed to deduct unauthorized charges and/or losses incurred by the University as a result of such activity from my payroll account.

I have read and agree to all of the statements above. By signing this application, I acknowledge the responsibilities that accompany accepting the card and agree to comply with the University’s policies, procedures, applicable laws, and ethical practices when using the card.**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cardholder) **Date**      \_\_\_\_\_\_\_\_ |

**Departmental Approval**

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| **Print Name** |       | (Dean, Department Head or Designee approval) |
| **Signature** |  | **Date** |       |

 **Section II** – DCA/Account Information

**Applicant Empl ID:**

**Please check only one box below.**

[ ]  First Time Cardholder - Date online training completed      /     /

[ ]  Previous Cardholder (Online training not required)

[ ]  Additional Card – Already have at least one account (Online training not required)

[ ]  Department Transfer - Transfer must be from within the same RRC (Online training not required)

**Card Information (Check only one box):**

[ ]  Individual Card – Assigned to and used only by the specific cardholder to whom it is assigned

[ ]  Departmental Card – Assigned to employee indicated but used by department to make departmental purchases

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| **For Departmental PCard indicate the department name to appear on the card** ***(24 characters max, including spaces, no special characters allowed)*** |
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| **Billing Address (Card will be mailed to address listed) *(36 characters max, including spaces, no special characters allowed)*** |
| Department Name |       |
| Street Address Room # Building | 1049 University Dr 209 DABD  |
| City, State Zip | Duluth, MN 55812 |
|  |
| **Card Spending Limits** | **Single Transaction Limit** | **Monthly Spending Limit** |
| This account will have the following limits: | **$2,500** | **$10,000** |
| If a lower threshold is desired, indicate: |       |       |
|  |
| **Default ChartField String** (*must be Non-Sponsored*) |
| **Fund** | **DeptID** | **Program** | **Account** | **FinEmplID\*** | **ChartField 1\*** | **ChartField 2\*** |
|      |       |       | 721101 |       |       |       |

**\*Optional**

|  |  |
| --- | --- |
| **DCA Name** | **DCA Department Name** |
| Todd Kochmann | Controller’s Office  |
| **DCA Internet ID** | Kochm006 | **DCA phone number** | 218.726.6094 |
| **DCA Email** | X – Same as Internet ID |       |
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**Section III –** Approvals

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| **Print Name** | Todd Kochmann | (DCA) – **Required** |
| **Signature** |  | **Date** |       |
| **Print Name** |       | (RRC Manager or Authorized Designee) – **Required** |
| **Signature** |  | **Date** |       |
| **Print Name** |       | (Cluster Director or Other) – Optional |
| **Signature** |  | **Date** |       |

**To submit application: Please email scanned copy to umdcontroller@d.umn.edu. UMD Controller will obtain both the RRC Manager and Cluster Director signatures.**