



**EQUIPMENT PROCUREMENT CARDHOLDER AGREEMENT**

**Mississippi State University is pleased to present you with the Procurement Card. It represents the University's trust in you and your empowerment as a responsible employee of the University to safeguard and protect our assets.**

I hereby agree to comply with the terms and conditions of this Procurement Cardholder Agreement and Procurement Card Procedures (on-line at: [www.procurement.msstate.edu/procard/](http://www.procurement.msstate.edu/procard/)).

I hereby agree to use my best effort to minimize exposure from lost, stolen, or otherwise compromised Pro-Cards. I agree to properly use the Pro-Card. I understand that the University **WILL** audit the use of the Pro-Card. I understand that I **CANNOT** use the Pro-Card for personal transactions or for any restricted purchases, even if reimbursed.

**REQUIREMENTS AND RESPONSIBILITIES**

- **Equipment items only** are to be purchased with this card.
- Must be a current employee of Mississippi State University
- Assure that the items purchased are required for a bona fide university purpose
- Notify the merchant that the purchase is being made in the name of a government entity, which is exempt from state and local taxes. If taxes are charged, obtain credit immediately.
- Obtain itemized receipts from vendors
- All items are received (no back orders allowed)
- Purchases are **within the limits set** and available budget authority (single transactions must be less than \$5,000)
- Do not split purchase into several transactions to get around the single transaction limit of \$5,000

I hereby understand that improper use of this Pro-Card may result in disciplinary and legal actions, including but not limited to restitution, forwarding information to the appropriate authorities for criminal prosecution, and possible termination of employment. Should I fail to use the Pro-Card properly, I authorize the University to deduct from my salary, or from any other amounts payable to me, an amount equal to the total of the improper purchases. I also agree to allow the University to collect any amounts owed by me under this Agreement.

I hereby understand that the University may terminate my right to use this Pro-Card at any time and for any reason or no reason whatsoever. I hereby agree to return the Pro-Card to the University's Procurement Card Manager or my department's Business Office or supervisor immediately upon request from the University, when changing departments, or upon termination of employment.

**CARDHOLDER:**

\_\_\_\_\_  
Signature - Procurement Card Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department

**APPROVAL:**

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department



**APPLICATION FOR EQUIPMENT PROCUREMENT CARD**

**Cardholder Information**

Cardholder Name \_\_\_\_\_  
(First, MI, last)

MSU ID No. \_\_\_\_\_ Date of Birth (MM/YYYY) \_\_\_\_\_

**Department Information**

Departmental Card Administrator Name \_\_\_\_\_  
(First, MI, last)

Department Mailing Address \_\_\_\_\_  
(United States Postal Service)

Business Phone No. \_\_\_\_\_  
(Departmental Card Administrator)

Department Mail Stop \_\_\_\_\_ E-mail Address \_\_\_\_\_  
(Departmental Card Administrator)

Department Name \_\_\_\_\_

Text on Card \_\_\_\_\_ **EQUIPMENT CARD** \_\_\_\_\_

Default Acct. No. \_\_\_\_\_ **408290** \_\_\_\_\_  
(Fund) (Org) (Program) (Activity)

**Restrictions**

**Please circle the selected spending limits for your card based on likely activity. Be conservative and select the lowest limits possible to reduce University risk. If you do not select a credit level and select specific spending limits then the default will be credit level 4.**

**Note: Procurement and Contracts reserves the right to reduce credit limits based on transaction history.**

<b>CREDIT LEVEL 1</b>	
Monthly Credit Limit	<u>\$30,000</u>
Single Transaction Limit	_____
(Cannot exceed 5,000)	
(If blank will default \$5,000)	
Daily Transaction limit	_____
(Cannot exceed half of credit limit)	

<b>CREDIT LEVEL 2</b>	
Monthly Credit Limit	<u>\$20,000</u>
Single Transaction Limit	_____
(Cannot exceed \$5,000)	
(If blank will default \$5,000)	
Daily Transaction limit	_____
(Cannot exceed half of credit limit)	

<b>CREDIT LEVEL 3</b>	
Monthly Credit Limit	<u>\$10,000</u>
Single Transaction Limit	_____
(Cannot exceed \$5,000)	
(If blank will default \$5,000)	
Daily Transaction limit	_____
(Cannot exceed half of credit limit)	

<b>CREDIT LEVEL 4</b>	
Monthly Credit Limit	<u>\$ 5,000</u>
Single Transaction Limit	_____
(Cannot exceed \$5,000)	
(If blank will default \$5,000)	
Daily Transaction limit	_____
(Cannot exceed half of credit limit)	

<b>CREDIT LEVEL 5</b>	
Monthly Credit Limit	_____
Single Transaction Limit	_____
(Cannot exceed \$5,000)	
(If blank will default \$5,000)	
Daily Transaction limit	_____
(If higher than option 1, prior approval of Director of Procurement and Contracts is required)	

**Send the completed Procurement Card Application to: ProCard Manager or ProCard Specialist, Mail Stop 9718**

Internal Use Only	
Date Received	
Date Processed	
Issue Date	
Expiration Date	
Card Account No.	