

Employee Purchasing Card Application

Please fill out entire Purchasing Card Application along with the two agreement forms. A signature from a Banner Authorized Approver must be present to order a Purchasing Card. Once completed, please send the application to the Disbursements Office. This can be done by email, fax, or intercampus mail. If the card needs to be rushed, there will be a \$35.00 fee. Once the card is ordered, you will receive email confirmation along with instructions for the next steps and required training. Contact the Disbursements Office for more information or for any questions that may arise. Thank you.

Disbursements Office

Prakken 255

Phone: (231) 591-2160

Fax: (231) 591-3902

Disbursements@ferris.edu



PURCHASING CARD APPLICATION

Disbursements Office

SECTION A (to be completed by applicant)

Faculty/Staff Affiliate (more info may be requested)

First Name: _____ Last Name: _____

Name on Card (if different than above): _____

Banner ID #: _____

Title/Position: _____ Campus Phone: _____

Program/Department Name to be printed on Card: _____ Alternate phone: _____

cell home

SECTION B (to be completed by sponsor department)

Card Limits – Please choose one

| | | | |
|---------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Monthly | <input type="checkbox"/> Single | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> 500 | <input type="checkbox"/> 2500 | <input type="checkbox"/> \$_____ | <input type="checkbox"/> \$_____ |
| <input type="checkbox"/> 2500 | <input type="checkbox"/> 5000 | | |
| <input type="checkbox"/> 5000 | <input type="checkbox"/> 15000 | | |

Card Usage – Please select all that apply:

| | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Travel (T&E) | <input type="checkbox"/> General Purchases (Office Supplies / Commodity) | <input type="checkbox"/> Medical (<i>Health Care areas only</i>) |
| <input type="checkbox"/> Motor Pool | <input type="checkbox"/> Physical Plant | <input type="checkbox"/> Legal/Tax |

SECTION C (If applicable)

Delegate: _____
Access: Can Prepare Can Submit Can Use Reporting Receives Emails

Delegate: _____
Access: Can Prepare Can Submit Can Use Reporting Receives Emails

APPROVAL/AUTHORIZATION SIGNATURES (Must be BANNER AUTHORIZED)

By affixing of signature below, I am confirming that I have read and agree to the terms and conditions stated below:

Applicant: _____ Date: _____

Approver (Please print): _____ Date: _____

Approver Signature: _____ Date: _____

2nd Approver (if required): _____ Date: _____

Ferris State University Cardholder Agreement Form

As a Ferris State University ("University") Cardholder, I agree to comply with the following terms and conditions regarding use of a Purchasing Card.

- I understand a Card issued by the University is to be used for **University related business only**. _____ (initial)
- I agree to comply with the requirements as stated in the Card Program Guide. _____ (initial)
- I have a signed University Conflict of Interest Form filed in the Vice President of Administration and Finance Office. _____ (initial)
- I agree to comply with all University governing policies and procedures, including but not limited to; [FSU Purchasing Policy](#), [Transportation & Travel Policy](#), [Business and Special Expense Policy](#), [Guidelines Governing Financial Accounting of FSU Computer-Related Acquisitions](#), [Board of Trustee Policy](#). _____ (initial)
- If the Card is lost or stolen, I will notify the issuing Bank and the Disbursements Office immediately. _____ (initial)
- I agree to return the Card immediately upon transfer or termination of employment (including retirement). _____ (initial)
- I understand that all transactions and account information can be viewed electronically by the University. _____ (initial)
- As the cardholder, I agree to reconcile all charges on the Card in the Concur system. _____ (initial)
- I understand that misuse or careless handling of the Card could result in disciplinary action, including the cancellation of Card privileges ([refer to Purchasing Card Abuse Guidelines](#)). _____ (initial)
- I understand I am personally liable for any unauthorized purchases and/or disputed charges not promptly reported, including related issuing Bank charges. _____ (initial)
- In the event of unauthorized charges or disputed charges not promptly reported, I authorize the University Payroll Office to deduct unauthorized charges from my University payroll check. _____ (initial)

By affixing of signature below, I am confirming that I have read and agree to the terms and conditions stated above:

Applicant (Please Print): _____

Applicant: _____ Date: _____

Ferris State University Sponsor/Authorizer Agreement Form

As the sponsor/authorizing department for the below listed cardholder, we agree to:

- Approve and authorize the card to be used for **University related business expenses only**.
- Collect the card immediately upon termination of cardholder employment (including retirement).

As the sponsor/authorizing department for the below listed cardholder, we understand:

- The sponsor/authorizing department sets/establishes the card limits based on the projected need. The department may request to increase or decrease limits when necessary to meet authorized expenses.
- That misuse or careless handling of the Card could result in disciplinary action, including the cancellation of Card privileges.

By affixing of signature below, I am confirming that I have read and agree to the terms and conditions stated above:

Cardholder (Please Print): _____

Approver (Please Print): _____

Approver: _____ Date: _____

2nd Approver (if required): _____ Date: _____