



North Dakota University System

Purchasing Card Application and Use Agreement

Applicant Information

Full Name: _____ Employee ID: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

DOB (mm/dd/yyyy): _____ PCard Statement Approver Name: _____

Department: _____ Dept/Employee Supervisor: _____

Dept Address: _____
Street Address Unit/Stop #

City State ZIP Code

Fund #: _____ Dept #: _____ Program #: _____ Project #: _____

Disclaimer and Signatures

1. I agree, upon receipt of monthly card statement, to verify the accuracy of the changes and to forward the statement, detailed receipts, Purchasing Card Record, and/or any other additional documentation your institution may require, to the Department Card Supervisor/Card Administrator, by no later than the specified date established by your Card Supervisor/Card Administrator.
2. As a cardholder, I am responsible for ensuring that all charges made to the purchasing card conform to the NDUS Purchasing Card Policy and the provisions defined. I understand that misuse of the card procedures may result in revocation of the purchasing card and may involve appropriate disciplinary action, up to and including termination and possible criminal prosecution.
3. I understand that the NDUS PCard Training must be completed prior to obtaining and using the purchasing card. Pursuant to the NDUS Purchasing Card Policy, I will complete this training on an annual basis for the duration of time that I have a purchasing card.
4. I understand that no personal purchases may be made on the card, or use the card for purposes that are outside the bounds of the normal institution's purchasing needs or authority per the department's authorization. Purchases must be ordinary, necessary, and reasonable both in amount and relative to a business purpose.
5. I understand that if personal charges occur, or if the card is otherwise misused, the funds must be reimbursed within the timeframe defined by your Card Administrator. Reimbursements may be in the form of a check or authorized payroll deduction (pursuant to [N.D.C.C 34-14-04.1](#)). Checks would be made payable to your institution and delivered to your Card Administrator.
6. Should my employment be terminated or transferred between departments/institutions, the issued card(s) must immediately be returned to the Card Administrator.
7. The card is issued in my name. I take full responsibility for all charges against the card. Since I am responsible for all charges, I will resolve any discrepancies by either contacting the merchant or card company.
8. If a card is lost/stolen, I am responsible for IMMEDIATELY NOTIFYING the card company (JPMorgan Chase, 800-270-7760) and Card Administrator.

9. I verify that I have read and understand the NDUS Purchasing Card Policy, any additional policies my institution may have, and understand what the card can and cannot be used to purchase. All exceptions must be made in writing through the Card Administrator and the cardholder's Department Supervisor prior to the special circumstance charge.

By signing this form, I agree to accept the responsibility for the protection and proper use of this purchasing card. I understand and agree to all of the disclaimers found within this Use Agreement, and any additional documentation my institution may have. I am also providing authorization to the Card Administrator to give personal information obtained on this form to the card issuer, JPMorgan Chase, for their internal use only. This information is needed in order to setup and receive a Purchasing Card, and will not be used for any other purpose.

Signature of Applicant/Cardholder

Date

I approve the issuance of a Purchasing Card to the above-named employee and acknowledge the responsibility for supervising the proper use of the card.

Signature of Authorized Department Supervisor

Date

Signature of Procurement Card Administrator

Date

Business Unit: _____

MCC Group: _____

Monthly Credit Limit: _____

Single Transaction
Limit: _____

Travel Agreement for UND Purchasing Card

By signing this agreement, employee agrees to follow and adhere the requirements listed below with regards to using the University Purchasing Card for any travel related expenses.

The following travel related expenses will be allowed on the University of North Dakota Purchasing Card as long as the charges are in compliance with the policies and procedures of the university, the North Dakota University System, and North Dakota Century Code. Please review all travel related policies with regard to list below to be sure you are in compliance.

1. Conference Registration
2. Airline/Amtrak tickets
3. Lodging/hotel room
 - a. Room only – ancillary charges (i.e. room service, entertainment,) are not allowed.
 - b. When lodging in the state of ND the ND state rate must be obtained – charges in excess of the state rate are the responsibility of the traveler (policy [2.20 Employee Travel: Lodging](#))
 - c. Tax should not be assessed for ND lodging charges applied on the university purchasing card
4. Rental car
5. Taxi/public transportation
6. Parking

Business purpose for the travel as well as detailed receipts must be provided and attached to the monthly statement of account for all transactions. Meals are reimbursed via per diem (reference UND policy [2.21 Employee Travel: Meals](#)) and are not allowable on the Purchasing Card.

Any unauthorized charges that occur on the UND Purchasing Card beyond the approved charges must be IMMEDIATELY repaid by the cardholder to the University. Violations of the travel policies when using the purchasing card will result in a 30-day suspension for the first offense and permanent revocation of the card after the second offense.

I, _____, have read, understand, and agree to the terms of the
Print Name & Employee ID

Travel Agreement for the UND Purchasing Card.

Cardholder Signature

Date

Signature of Department P-Card Statement Approver & Date

Printed Approver Name