



Section I: Cardholder Information			
<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Delete	Cardholder Account #
Cardholder Name		Employee ID #	
Department		Campus Email	
Date		Campus Phone #	
Campus Address			

Section II: Cardholder Enrollment

The State of Louisiana (State) and The University of New Orleans (Department) are providing you with a State Purchasing Card. The Purchasing Card must only be used for State of Louisiana official business. All acceptable charges must be in accordance with Procurement Card procedures, and the current Small Purchase Executive Order.

I, _____, (Cardholder) agree that upon receipt of the Purchasing Card I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing.

Conditions for Use of Purchasing Card

As the cardholder, I agree to accept responsibility for all charges against the card. I will protect and use the card properly as outlined in this Agreement and all relevant rules and policies, which I have read and completely understand. I further agree to:

1. Never use the Purchasing Card for the purpose of paying vendors for allowable purchases of goods and services which are not for official state business.
2. Never use the Purchasing Card for personal purchases.
3. Never allow others to use the Purchasing Card. The card should only be used by the cardholder.
4. Always obtain and submit all receipts, invoices and other necessary documents for each transaction.
5. The cardholder must verify the charges on the Purchasing Card and submit applicable charges for approval dispute, credits and/or fraud processing.
6. Always reconcile charges within the State / prescribed timelines, but in no instance later than 15 days past the statement date. I understand and agree that the Department will monitor the use of the Purchasing Card, and I will be personally liable for any unauthorized use thereof.

Penalties for Misuse of Purchasing Card

I acknowledge and agree that I understand that in the case of my willful or negligent default of my obligations under this Agreement, the State/Department have the following rights, to the extent authorized by law:

1. To deduct any unauthorized charges in accordance with the current Office of State Purchasing and Travel Order, until all unauthorized charges are paid in full.
2. The State/Department may pursue any remedy for the recovery of unpaid amounts, including referring of unpaid amounts to an attorney for collection.
3. The State/Department may impose any appropriate corrective or disciplinary action permitted, including cancellation of card privileges and or up to termination and possible criminal charges, under applicable law. Once privileges are revoked, for any reason, the cardholder will not be allowed to receive a new card unless prior approval is granted through the Office of State Purchasing and Travel.

Lost Purchasing Card

If the Purchasing Card is lost, stolen, or compromised in any manner, I shall immediately notify the s program administrator and the bank issuing the Purchasing Card.

Return of Purchasing Card

Upon notification of my transfer from UNO, change in duties, termination of employment, suspension, retirement or cancellation of my Purchasing Card privileges, I agree to notify the s program administrator and to promptly return the Purchasing Card to Accounts Payable Department.

Section III: Supervisor / Reviewer Signature

Supervisor / Reviewer Name (Printed)	
Supervisor / Reviewer Signature	

Section IV: Completed by Accounts Payable Department

Overall Card Limit	
Single Transaction Limit	(\$1,000.00 Max)
Number of Purchases Allowed per Month	(6th to 5th Each Month)
Spending Limit per Cycle	
Select group name from list provided by Office of State Purchasing & Travel	
Approved By	Date

Note: This form is to be completed by the cardholder, approved by the cardholder's supervisor / reviewer, and forwarded to UNO's Accounts Payable Department, ADMIN 205.

Date application processed and card ordered by Accounts Payable	
Cardholder's signature verifying card was picked up at Accounts Payable	
Pickup Date	