



PCARD APPLICATION

Instructions: Please fill out all fields that have an asterik. Any inaccurate information will result in the application being declined and a new pplication will need to be submitted.

*Personal Information

Last Name	Middle Name	First Name	
Email Address		Phone Extension	Datatel ID
Position Title		Alternate Phone Number:	Date of Request:

*Departmental Information

Department Name		Supervisor Name	
Building and Room Number		Supervisor Title	
			Supervisor Phone Extension:

Card Information

Describe primary expected card use (reason for application):			
<input type="checkbox"/> New	<input type="checkbox"/> Transfer	<input type="checkbox"/> Primary Account Only	Credit Limit: <input type="checkbox"/> Default (\$2,500 STL/\$10,000 Monthly) <input type="checkbox"/> Special: _____
<input type="checkbox"/> Change	<input type="checkbox"/> Replace	<input type="checkbox"/> Backup Cardholder	
Additional Offices & Departments for allowed charges:		Justification for deviation from Default Credit Limit:	

Approvals:

_____	_____
Cardholder	Date
_____	_____
Supervisor	Date
_____	_____
Director of Purchasing	Date
_____	_____
Chief Financial Officer	Date

Notes: [Administrative Use Only]

Confirmation of Training and Receipt of P-Card Issuance
 Approved (Date Card Ordered: _____)
 Denied (Reason: _____)
 Training Date: _____
 Card Received Date: _____
 (PCARD Coordinator Initials: _____)
 (Cardholder Initials: _____)

Cancellation
 Date Card Returned: _____
 (PCARD Coordinator Initials: _____)
 (Cardholder Initials: _____)

Purchasing Department



PCARD CARDHOLDER AGREEMENT

Participating Employee Acknowledgment of Responsibilities

By participating in the Oklahoma City Community College Purchasing Card Program as a Cardholder, I assume responsibilities pertaining to the operation and administration of the PCARD Program. These responsibilities include but are not limited to the following:

1. Issuance
 - a. The PCARD will be issued in the name of the employee. By accepting the PCARD, the employee assumes responsibility for the PCARD and will be responsible for all charges made with the PCARD. The PCARD is not transferable and may not be used by anyone other than the Cardholder.
 - b. The OCCC PCARD is the property of the State of Oklahoma and must be maintained with the highest level of security. If the PCARD is lost or stolen, or if the Cardholder suspects the PCARD or Account Number to have been compromised, the Cardholder agrees to immediately notify the PCARD Coordinator bank.

2. Responsibilities
 - a. The OCCC PCARD is to be used for business expenditures only. The PCARD may only be used under the parameters and procedures established for the PCARD Program which are detailed in OCCC Policy. The OCCC PCARD may not be used for personal purposes.
 - b. All charges will be billed and paid directly by OCCC. On a monthly basis, the Cardholder will receive a statement listing all activity associated with the PCARD. This activity will include purchases and credits made during the reporting period. While the Cardholder will not be responsible for making payments to the bank, the Cardholder will be responsible for the verification and reconciliation of all Account
 - c. ~~Cardholder~~ Accounts are subject to periodic internal control reviews and audits designed to protect the interests of OCCC. By accepting the PCARD, the Cardholder agrees to comply with these reviews and audits. The Cardholder may be asked to produce the PCARD to validate its existence and will be required to produce statements and receipts to verify appropriate use.
 - d. Misuse or fraudulent use of the PCARD will result in disciplinary actions and may be grounds for termination.

3. Policies and Procedures
 - a. Parameters and procedures related to the PCARD Program may be updated or changed at any time. OCCC will promptly notify all Cardholders of these changes. The Cardholder agrees to and will be responsible for the execution of any program changes.
 - b. The Cardholder agrees to surrender and cease use of their PCARD upon termination of employment whether for retirement, voluntary separation, resignation or dismissal. In addition, the Cardholder must surrender and cease use of the PCARD in the event of transfer or relocation. The Cardholder may also be asked to surrender the PCARD at any time deemed necessary by management.

By signing below, I acknowledge that I have read, agree to, and will abide by the terms and conditions of this document. I certify that by participating in the OCCC PCARD Program, I understand and assume the responsibilities listed above, as well as in any amendments or addenda as long as I am a Cardholder at OCCC.

Name (Print)

Title

Employee signature

Date

Purchasing Department