



APPLICATION FOR PROCUREMENT CARD

State Form 54700 (R / 7-19)
INDIANA DEPARTMENT OF ADMINISTRATION
PROCUREMENT DIVISION

CARDHOLDER INFORMATION

Name of cardholder *(first, middle initial, last)*

Agency

Job title

Work address *(number and street, city, state, and ZIP code)*

Work telephone number
()

Work e-mail address

State identification number *(as it appears on back of badge)*

ENCOMPASS Human Relations (HR) identification number

Date of birth *(month, day, year)*

Country of origin

Home address *(number and street, city, state, and ZIP code)*

Home telephone number
()

What job-related responsibilities / duties would require you to use a State Credit Card?

What type of items / services do you believe would need to be purchased by your using this card?

AGENCY PROGRAM ADMINISTRATOR

Monthly credit limit requested
\$

Single transaction limit requested
\$

SIGNATURES OF APPROVAL

Signature of Cardholder

Date signed *(month, day, year)*

Signature of Cardholder Manager at local office *(if different than Agency Program Administrator)*

Date signed *(month, day, year)*

Signature of Agency Program Administrator

Date signed *(month, day, year)*

Signature of IDOA Contract Manager

Date signed *(month, day, year)*



PROCUREMENT CARD CARDHOLDER AGREEMENT

Part of State Form 54700 (R / 7-19)
INDIANA DEPARTMENT OF ADMINISTRATION
PROCUREMENT DIVISION

By signing below, I agree to the following regarding the use of the State of Indiana Procurement Card, issued by J.P. Morgan Chase Bank, assigned to me for official state business only:

- 1) I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the State of Indiana and will strive to obtain the best value for the State.
- 2) I understand that under no circumstances will I use the Procurement Card to make personal purchases, either for myself or others. Use of the Procurement Card for personal gain or unauthorized use would be considered misappropriation of funds of the State of Indiana and may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
- 3) I will follow all applicable Indiana Laws, Procurement policies of the State and my employing agency, and the established guidelines for using the Procurement Card. Failure to do so may result in either revocation of my card privileges or other disciplinary action.
- 4) I have been provided a copy or shown where to obtain a copy of the State of Indiana Procurement Card Policies and Procedures. I have read and understand the Procurement Card Policies and Procedures having asked any questions that I might have had on the Policies and Procedures.
- 5) I agree to review and reconcile transactions timely and will maintain all applicable information and receipts as required by policy. All discrepancies must be resolved by contacting the merchant.
- 6) I agree that, should I violate the terms of the Agreement, I will be subject to disciplinary action up to and including termination of employment and I will be liable to reimburse the State of Indiana within thirty (30) days for all inappropriately incurred charges and any costs related to the collection of such charges.
- 7) If the Card is lost or stolen, I will immediately notify J.P. Morgan Chase Bank by telephone at 1-888-307- 2990 and my Agency's Program Administrator.
- 8) I agree to surrender the State of Indiana Procurement Card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.
- 9) I understand that the Procurement Card is provided to me based on my need to purchase business-related goods and services for my agency and under no circumstances is anyone other than me (the cardholder) authorized to make purchases with my card. I understand that my procurement card may be revoked at any time by Indiana Department of Administration or my agency. The card is not an entitlement nor reflective of title or position.

Signature of cardholder		Date signed (<i>month, day, year</i>)
Printed name of cardholder	Name of agency	
Signature of Agency Program Administrator		Date signed (<i>month, day, year</i>)
Printed name of Agency Program Administrator		