US BANK/STATE OF UTAH PURCHASING CARD APPLICATION

TYPE OF REQUEST

☐ New Account ☐ Plastic ☐ Non-Plastic ☐ Renewal

APPLICANT INFORMATION

First Name _____ MI _____

Last Name _____ Suffix _____

Social Security Number (last 4 digits only) _____ _____ _____ _____
(required)

_____
Organization Name (Embossed on Card- 24 characters maximum)

_____
Current Employment/Statement Mailing Address

City _____ Zip _____

_____ _____ _____
Work Phone (required) Home Phone Alternate Phone

_____
e-mail

ACCOUNT INFORMATION

Monthly Credit Limit: _____ (required)

Single Transaction Limit: _____ (required)

Annual Credit Limit: _____ (optional)

Quarterly Credit Limit: _____ (optional)

☐ Other, Explain:

SITE COORDINATOR CONTACT INFORMATION

_____
Site Coordinator Name:

_____
Organization Name:

_____
Telephone Number:

_____
Email Address:

State ePurchasing Office Use Only

Date Application Received _____

Date Application Entered _____

New Account Number _____

Date Card Received _____

Date Card Distributed _____

State Contract Number: AR 1766 WSCA Contract Number: 5-06-99-01

Agreement to Accept the U.S. Bank Visa® Purchasing Card

Your new U.S. Bank Visa® Purchasing Card represents the State's trust in you. You are empowered as a responsible agent to safeguard State assets. Your signature below is verification that you have read the employee policies and procedures and agree to comply with them as well as the following responsibilities.

1. I understand the card is for Organization-approved purchases only, and I agree not to charge personal purchases.

2. Improper use of this card can be considered misappropriation of funds. This may result in disciplinary action, up to and including termination of employment.

3. If the card is lost or stolen, I will immediately notify U.S. Bank by telephone. I will confirm the telephone call with mail or facsimile and send a copy of the notification to the Program Administrator.

4. I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.

5. The card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card, but not for payment

6. All charges will be billed directly to and paid directly by the State of Utah. The bank cannot accept any monies from me directly; therefore any personal charges billed could be considered misappropriation of State funds.

7. As the card is State property, I understand that I may be periodically required to comply with internal control procedures designed to protect State assets. This may include being asked to produce the card to validate its existence and account number. I may also be asked to produce receipts and statements to audit its use.

8. I will receive a Monthly Reconciliation Statement, which will report all activity during the statement period. Since I am responsible for all charges (but not for payment) on the card. I will resolve any discrepancies by either contacting the supplier or the bank.

9. The charges made against my card are automatically assigned to the cost center assigned to the card as specified by management. This code cannot be changed without management involvement. When changed, the new accounting code will not affect any charges made prior to the change, but will affect future charges.

10. I understand the U.S. Bank Purchasing Card is not necessarily provided to all employees. Assignment is based on my need to purchase goods for the organization. My card may be revoked based on change of assignment or location. I understand that the card is not an entitlement nor reflective of title or position.

AUTHORIZATION

_____ _____
Applicant Signature Date

_____ _____
Applicant Manager Signature Date

_____ _____
Site Coordinator Signature Date