



PROCUREMENT CARD SERVICES PROGRAM

CARDHOLDER AGREEMENT

I, _____, (the cardholder) understand that I am being entrusted with a valuable tool that will be utilized to make financial commitments on behalf of my agency and will strive to obtain the best value for my agency and the State. I _____ (the cardholder), also agree to accept the responsibility for the protection and proper use of the State's Procurement Card in accordance with the terms and conditions below:

1. Cardholder agrees to purchase commodities/services for official government purposes. (Personal items may not be charged at any time.)
2. Cardholder agrees to notify the merchant that the purchase is made in the name of a government entity which is exempt from state and local taxes. (If taxes are charged, obtain credit immediately.)
3. Cardholder agrees to provide supporting receipts from merchants and/or a transaction log for each transaction. (Supporting receipts must be either in the form of a detailed sales receipt or an official printed order description.)
4. Cardholder agrees upon receipt of the monthly statement, to review all charges to assure accuracy, and complete applicable disputed documents, reconcile the statement with copies of receipts and order logs, approve and sign the statement.
5. Cardholder **must** provide statements, copies of receipts, logs, and dispute documents to the appropriate official within the agency according to agency policy. This should be done within **one (1) day** after receipt of the statement.
6. Cardholder agrees not to share the assigned procurement card or card number with anyone other than the merchant where business is being conducted. Cardholder understands that if shared with anyone other than the merchant that the agency or the Office of Purchasing and Travel may take disciplinary action as a result.
7. Back orders are not allowed. (Assure that all commodities are received).
8. Cardholder agrees not to make split purchases. (Split purchases are not allowed. Cardholder should be aware before the purchase is made that the purchase will exceed the single-purchase limit. MS Code 31-7-13 (b) Purchases over \$5,000 require two written quotes). (See MS Code 31-7-13 (o) for splitting a purchase).
9. Cardholder agrees not to request/provide cash advances. (Cash advances are not allowed).
10. Cardholder agrees not to charge travel related expenses on the procurement card. (Any form of travel related expenses is not allowed).
11. Cardholder agrees not to purchase equipment or inventory with the procurement card. (No equipment or inventory items are to be purchased with the procurement card).
12. Cardholder agrees if the card is lost or stolen, to notify the bank and the Agency's Coordinator immediately.
13. Cardholder agrees to return the card immediately upon request, termination, resignation or retirement.

I, _____ (name of cardholder), certify that I have read and fully understand the above terms and conditions and I hereby agree to comply with the terms and conditions of the Procurement Cardholder Agreement, the Procurement Card Policies and Procedures and Guidelines, as well as, any additional policies or procedures established by the Office of Purchasing and Travel, and the agency's policies and procedures for use of the State of Mississippi Procurement Card. I understand that I will be held personally responsible for all charges for any purchase which is made and is not in compliance with these procedures. I also understand that my own agency may have additional restrictions and that I will abide by any and all such requirements. In addition to being personally liable for any such charges not in compliance, I understand that failure to follow the established procedures for use of the card may result in either the revocation of my privileges or other disciplinary actions.

Cardholder acknowledges by his/her signature to this agreement below that he/she agrees to comply with the following terms and conditions stated above.

Printed Name of Cardholder

Signature of Cardholder

Date

I, _____ (name of program coordinator), certify that I have read and fully understand the policies and procedures for use of the State of Mississippi's, Procurement Card and that I understand that I may be held jointly responsible for all charges for purchases which I have approved, but which are not in compliance with these procedures. I also understand that my agency may have additional restrictions and that I will abide by any and all such requirements. In addition to being jointly liable for any such charges, I understand that misuse of the program may be cause for loss of procurement card privileges for our agency.

Printed Name of Program Coordinator

Agency/Organization Name

Signature of Program Coordinator

Date

Office of Purchasing, Travel and Fleet Management's Use

Emailed: ☐ Yes

☐ No

Authorization Strategy No.

Reporting Levels/Agency No.

Procurement Card Administrator

Date