

## Purchasing Card Application and Use Agreement

Instructions: Please complete and submit to the Agency Purchasing Card Coordinator.

Employee Cardholder's Name (as shown on payroll)	Division / Work Unit	Number of cards	Credit Limit \$
--	----------------------	-----------------	--------------------

The Purchasing Card is intended for best judgment purchases (through \$5,000). Purchases made with this card must comply with Department of Administration and agency procurement policies and procedures as stated in the State Procurement Manual, the State Accounting Manual and the agency Purchasing Card User Manual.

The Purchasing Card **MAY NOT** be used for cash advances (ATM machines) or to purchase non-business personal items and services.

If the card becomes lost or stolen, the cardholder **MUST IMMEDIATELY NOTIFY** the Purchasing Card company (800-393-3526) and the Agency Purchasing Card Coordinator.

When a cardholder terminates employment with the agency or transfers to another agency / division, the sponsor division shall reclaim the Purchasing Card and return it to the Agency Purchasing Card Coordinator.

Non-adherence to any of the above procedures may result in revocation of individual cardholder privileges and potential discipline, and may result in revocation of all sponsor division and/or agency Purchasing Cards.

As an applicant / cardholder of a State of Wisconsin Purchasing Card, I understand the responsibility for the protection and proper use of this card as detailed above and in the State Procurement Manual, the State Accounting Manual and the agency Purchasing Card User Manual.

\_\_\_\_\_  
Applicant / Cardholder Signature

\_\_\_\_\_  
Date Signed (mm/dd/ccyy)

I approve the issuance of a State of Wisconsin Purchasing Card to the above-named employee and acknowledge the overall responsibility for the proper use of the card.

\_\_\_\_\_  
Sponsoring Division Authorized Signature

\_\_\_\_\_  
Date Signed (mm/dd/ccyy)

\_\_\_\_\_  
Agency Purchasing Card Coordinator Signature

\_\_\_\_\_  
Date Signed (mm/dd/ccyy)

Complete this section when the Purchasing Card is received and return this application / use agreement form to the Agency Purchasing Card Coordinator. Upon approval of this application, a Cardholder Purchasing Card Account Setup Form will be issued.

I acknowledge receipt of the Purchasing Card.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date Signed (mm/dd/ccyy)

Note: Sign your card immediately upon receipt.