

TEXAS A&M UNIVERSITY
PAYMENT CARD PROGRAM

DEPARTMENTAL PAYMENT CARD APPLICATION, AGREEMENT AND APPROVAL FORM

Mail To: Financial Management Operations, MS 6000, Attn: Payment Card App Processing

Card Administrators Name: _____

Department Name: _____

Department's code: (Four alpha Characters) _____ Mail Stop: _____

Phone Number: _____ E-mail: _____

Card Administrators Universal Identification Number (UIN): _____

As the card administrator of the department card, I agree to comply with the terms and conditions of this Agreement and the Payment Card Program Guide.

I acknowledge that I have read and understand the terms and conditions of this Agreement and the Payment Card Program Guide. I also acknowledge that I have completed the Cardholder Online Training. I understand that Texas A&M University is liable to JP Morgan Chase & MasterCard for all Texas A&M University charges.

I agree to use this card and allow others to use this card for Texas A&M University approved purchases **only** and agree not to charge or allow others to charge personal purchases. I will report unallowable/personal charges to FMO-Payment Card Office immediately. I understand that the purpose of the departmental payment card is for approved distribution (card sharing). Furthermore when the card is shared I agree to document by using a check in/out log. I will monitor the card use by others to look for opportunities to issue individual payment cards if applicable. I understand that Texas A&M University will audit the use of this card and report findings to the department head or department approver.

I further understand that improper use of this card may result in disciplinary action, which may include termination of employment of the card administrator and/or the card user. I agree to repay Texas A&M University any amounts owed by me even if I am no longer employed by Texas A&M University.

I understand that the card is property of Texas A&M University. I further understand that Texas A&M University may terminate my right to use this card at any time for any reason. I agree to return the card to Texas A&M University immediately upon request or upon termination or transfer of employment.

Card Administrator Name (Print/type)

Card Administrator Signature

Date

FAMIS/SUPPORT Account to be utilized (designate only one account): _____

Single Transaction Limit \$___5,000.00_____ Monthly Transaction Limit _____

Department contact for Reallocation/Reconciliation (Bookkeeper):

Name: _____ Phone: _____ E-mail: _____

I hereby approve the applicant, listed above, for issuance of a Texas A&M University Departmental Payment Card. I agree that the FAMIS/support account, listed above will have funds sufficient to pay any and all charges made on the departmental card. I will ensure that a monthly reconciliation and approval of all statements will be done and all documentation retained as required. I understand that the improper use of this card by the card administrator and/or other users of the card may result in disciplinary action, up to and including termination of employment.

Department Head or Supervisor Name (Print/type)

Department Head or Supervisor Signature

Date

State law requires that you be informed of the following: (1) you are entitled to be informed about the information Texas A&M collects about you (with a few exceptions as provided by law); (2) you are entitled to receive a copy of that information; and 3) you are entitled to have the information corrected at no charge to you.