



STATE OF MISSOURI  
STATEWIDE PURCHASING CARD PROGRAM  
**PURCHASING CARD CARDHOLDER AGREEMENT**

CARDHOLDER LEGAL LAST NAME	CARDHOLDER LEGAL FIRST NAME	CARDHOLDER MIDDLE INITIAL
AGENCY	DIVISION	DISTRICT/FACILITY/UNIT (if applicable)

**CARDHOLDER ACKNOWLEDGEMENT**

This agreement outlines the responsibilities for the State of Missouri purchasing card (P-Card) cardholder. As a cardholder, I agree to accept responsibility for the protection and proper use of the P-card in accordance with the terms and conditions below:

- I understand the P-Card is solely for official business of the State of Missouri and is intended to facilitate the payment of goods and services.
- I understand the use of the P-Card for payments not authorized, not in accordance with policies and procedures, or for personal use, could result in personal liability for any improper use. I agree to pay the issuer of the card for such use, including fees and interest assessed against the improper use. I understand the Division may withhold amounts attributable to improper use from any paycheck or other State of Missouri warrant which may be payable to me. I understand improper use of the P-card may be cause for disciplinary action, including termination of employment and criminal prosecution.
- I understand the P-Card is issued in my name and I am responsible for maintaining the security of the card and card number. I agree to not share my card with another individual.
- I have read and understood the P-Card policies and procedures. I understand all purchases must comply with State accounting and purchasing statutes, regulations and policies, including all policies implemented by my Agency in the use of the P-Card.
- I agree to seek prior approval of a purchase from the Agency P-Card Coordinator through the Division P-Card Coordinator if in doubt about the allow ability of the purchase.
- I agree to provide the supporting receipts from the vendor and a transaction log for each transaction as designated by the Agency P-Card Coordinator. I agree to submit the required documentation within the timeframe required. Failure to report or document any purchase may be deemed an improper use of the P-Card.
- I agree to not approve my own transactions in the statewide accounting system.
- I agree to immediately notify the P-Card Contractor and Division and Agency P-Card Coordinators if my card is lost or stolen.
- I agree to return my P-Card to the Division P-Card Coordinator upon termination of employment for any reason or if on an extended leave of absence. I also understand the Agency may withdraw authorization to use the P-Card and require the return of the P-Card at any time for any reason.
- I understand my use of the P-Card is subject to monitoring and audit.
- I confirm I have attended training and received certification on the proper use of the P-Card. I agree to annually attend training and receive certification.

Have you or an immediate family member served in the U.S. Armed Forces?	Yes	No
If Yes, would you like information about military-related services in Missouri?	Yes	No

SIGNATURE OF CARDHOLDER

DATE