



STATE OF MISSOURI
STATEWIDE PURCHASING CARD PROGRAM
PURCHASING CARD CARDHOLDER AGREEMENT

CARDHOLDER LEGAL LAST NAME	CARDHOLDER LEGAL FIRST NAME	CARDHOLDER MIDDLE INITIAL
AGENCY	DIVISION	PHONE NUMBER
BUSINESS ADDRESS		E-MAIL ADDRESS

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 agree to use the Third-Party Credit Card Authorization Form to submit to a vendor.
- 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 allowability 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.

SIGNATURE OF CARDHOLDER	DATE
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