



## NEW PROCARD ACCOUNT APPLICATION (Revised 7-2021)

Cardholder Last Name, First Name \_\_\_\_\_ 9 DIGIT BANNER ID \_\_\_\_\_

School/College/Division \_\_\_\_\_

Please state your official (payroll classification) University title (e.g., *Manager I, Asst. Professor, Admin. Assist. II*):  
\_\_\_\_\_

Are you a full time employee of Wayne State University? ☐ Yes ☐ No

Have you completed the [Procard Training](#) available and passed the test available on Canvas? ☐ Yes ☐ No  
(note, applications will be returned until training requirements have been met)

Do you reside in the United States or Canada? ☐ Yes ☐ No

Account or Grant Identification, Description, etc.  
\_\_\_\_\_

<b>Campus Address (Street Address)</b> _____ _____ _____ <b>City:</b> _____ <b>State:</b> <u>MI</u> <b>Zip:</b> _____	<b>Home Address (Street Address)</b> _____ _____ _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
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Send card to my: ☐ Campus address ☐ Home address

E- Mail Address \_\_\_\_\_ Work Phone: \_\_\_\_\_

Index \_\_\_\_\_ FOAPAL String: \_\_\_\_\_  
Fund Org. Acct Code Program

Procurement Card Limits: \_\_\_\_\_ PER transaction (up to \$2,000.00) \_\_\_\_\_ PER month (up to \$20,000.00)

Note: Card Holders will be given WayneBuy Punch-out order capability up to \$2,000 and will be given Banner RAPP Inquiry Access.

### CARDHOLDER AGREEMENT

In return for the purchasing authority delegated to me and in consideration of my responsibility to properly steward public resources, I agree to undertake the following responsibilities:

- To comply with this agreement and the [Procurement Card Policy and Procedures](#) provided and as such Policy and Procedures may be subsequently revised. I acknowledge receipt of the Policy and Procedures and affirm that I have read and understand it. I understand that the University is financially responsible for all Procurement Card purchases I make and I may only use the Procurement Card for approved University purchases. I will provide all transaction documents to the designated coordinator in my department.
- To protect and safeguard the procurement card in accordance with this Agreement, the Policy and Procedures, and any other applicable WSU policies.
- To purchase ethically, fairly and without conflict of interest; seek the best value; and to support the development of minority and women-owned businesses in my use of the card. I understand that my use of the Procurement Card will be audited.
- When using Federal funds, to purchase only necessary items, to determine that the price is fair and reasonable by comparing alternative sources, and to avoid firms or individuals who respond that they are prohibited from contracting with the federal government.
- To maintain or arrange to maintain appropriate records of the use of the Procurement Card, including receipts, and to provide those records and receipts to WSU immediately upon request.

- To not allow any other person to utilize the Procurement Card for any purpose. I understand that allowing another person to utilize the Procurement Card without authorization is a violation of this agreement, even if the Card is used in a way that would otherwise be permissible. I also understand that if I allow an unauthorized person to use my Procurement Card, I shall be responsible for any improper use or misuse of the Card to the same extent as if I had misused it.

I further understand that my improper use of this corporate liability card may result in disciplinary action up to and including employment termination against me should I fail to use this Procurement Card properly. I authorize Wayne State University to deduct from any amounts payable to me, an amount equal to the total of the improper purchases. I also agree to allow Wayne State University to collect any amount owed by me even if I am no longer employed by the University. If Wayne State University initiates legal proceedings to recover amounts owed by me under the Agreement, I agree to pay all costs and legal fees incurred by the University in such proceedings. I understand that the University may terminate my privilege to use the Procurement Card at any time for any reason. I will return the Procurement Card to the University immediately upon request or termination of employment.

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### Authorization for Release of Credit Card Receipts

Authorization is hereby granted to representatives of Wayne State University to obtain copies of receipts or any factual data pertaining to my Wayne State University VISA credit card.

Authorization is granted to vendors to accept a photo-static reproduction of this authorization if necessary to obtain any information pertaining to transactions charged to this card. Any reproduction of this credit card receipt authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

This agreement applies to any and all Procurement Cards issued in my name.

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I agree to be bound by the terms and conditions of the WSU Cardholder Agreement noted above, and that the information provided is true and accurate

Cardholder \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Designated Coordinator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

\*\*\* Principal Investigator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ \*\*\*  
(Please Print)  
(Signature REQUIRED FOR GRANT PROCUREMENT CARDS ONLY)

Business Manager \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Department Chair/Director \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

(Dean /AVP/VP) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Forward to: Procard Office  
Purchasing Department  
4200 A/AB

Any questions, please call 313-577-3708