

BANK OF AMERICA  **PURCHASING CARD APPLICATION**
Arkansas Department of Transformation and Shared Services
Office of State Procurement

If you have any Accounts Payable duties or functions, a Purchasing Card will not be issued

Section A – Employee Applicant Information Please Print Legibly *Required Fields			
Last Name*	First Name*	Middle Initial	AASIS Personnel Number*
Business Mailing Address*		City*	State AR ZIP Code*
Area Code - Business Telephone*	Email Address*		Does Applicant already have a card or access? Yes No
Special Embossing on Card (if applicable)		Does applicant have Accounts Payable roles? If so, applicant cannot be a cardholder * Yes No	

Section B – Agency Accounting Information <i>This section is to be completed by an authorized Agency Program Liaison. *Required Fields</i>					
Managing Account Name*			Managing Account Company Number*		
Division (if applicable) – 5 digits			Department (if applicable) – 4 digits		
Agency Business Area*	Default Cost Center	Default General Ledger 5020007000	Default Internal Order	WBS Element	Funds Res#
Monthly Requested Limit (Limits > \$20,000 require additional approval) *			Single Purchase Limit (If monthly purchase limit > \$20,000 we recommend single purchase limit of < \$20,000) *		

Section C – Employee Understanding/Signature *Required Signatures		
<p>Employee Applicant requests that he/she be issued a Bank of America Mastercard Purchase Card. In consideration of this issuance and the use of the Bank of America P-Card, the Employee Applicant and State agree to be bound by the Bank of America Cardholder Agreement accompanying the card, as amended by Bank of America from time to time, for all charges incurred by the use of the card or the related account. Creditor is Bank of America.</p> <p>I, the undersigned cardholder, understand that this card is to be used for official state purchases pursuant to State Purchasing Regulations found at https://www.dfa.arkansas.gov/images/uploads/procurementOffice/lawsRegs.pdf, policies found in the Purchasing Card Policy and Procedure Manual, and agency purchasing regulations. The State is liable and responsible for payment of the bill in full. As a cardholder, I agree to make no personal charges on the card. I further understand that if I abuse this privilege, my card may be cancelled by my issuing state entity or the Office of State Procurement.</p>		
*Employee Signature:		*Date:
*Liaison Name:	*Liaison Signature:	*Date:
*Approving Manager Name:	*Approving Manager Signature:	*Date:

Section D – Exception – Credit Limit Required Signatures		
<i>Credit Limits \$20,001 and above require approval from either the Agency Director, Chair if Board/Commission, or Dean if College/University</i>		
Print Name:	Title:	Date:
Signature:		

DTSS CREDIT CARD SECTION USE		
Card Number	Signature	Date

**State of Arkansas
Purchasing Card Agreement Form**

Printed Name: _____ Agency: _____

As an authorized and approved Arkansas Purchasing Cardholder, I fully understand agree to the following terms and conditions regarding the use and safekeeping of the credit card(s) and/or account number (s) entrusted to me:

1. I have or will receive training on the Purchasing Card policy and procedures.
2. I acknowledge that I do not have any accounts payable duties or functions; and that if I do my card privileges may be revoked.
3. I accept full personal responsibility for the safekeeping of the Purchasing Card and/or account number assigned to me and that absolutely no one, other than me, has authority to use the card and/or account number assigned to me or make charges on the card and/or account.
4. I acknowledge I will be making financial commitments on behalf of the State of Arkansas and will always endeavor to obtain fair and reasonable prices.
5. I will not use the Purchasing Card and/or account numbers for non-state official business, unauthorized, or personal purchases. If such charges occur, I may be required to reimburse the State not the bank for all incurred charges and any fees related to the collection of those charges and do all such other things to remedy the situation.
6. I will immediately report the theft or loss of the Purchasing Card and/or account number to, Bank of America by phone at 1-888-449-2273 and my Agency Card Liaison. Failure to notify the appropriate authority of the immediate theft, loss, or the misplacement of the Purchasing Card and/or Account Number will make me personally responsible for any fraudulent or unauthorized use.
7. I will surrender my Purchase Card and/or account number upon (a) my termination of employment with the State of Arkansas, or (b) retirement, or (c) transfer to another agency within the state, or (d) my supervisor or the OSP Credit Card Manager requests surrender of my card(s).
8. I understand that I am responsible for obtaining all original detail receipts and submit them in accordance with my agencies policies and the Arkansas Purchasing Card Program's policies and procedures.

I understand that failure to follow any of the above listed terms and conditions or if found to have misused the Purchasing Card in any manner may result in (a) revocations of the privilege to use the card, (b) disciplinary action, (c) termination of employment, and/or criminal charges being filed with the appropriate authority. I hereby accept the above terms and conditions.

- ***This agreement includes all future types of accounts as a cardholder and/or account custodian.***

Employee Signature

Date Signed