LAKE SUPERIOR STATE UNIVERSITY

PURCHASING CARD APPLICATION

Name:_____ LSSU ID#:_____

Department:_____ Bldg/Rm:_____

Office Phone:_____ Email:_____

FOAPAL(s): _____ Object Code: 3107

_____ 3607 (Maintenance Dept. ONLY)

_____

The named cardholder agrees, upon receipt of the monthly statement from the credit card company, to verify the accuracy of the billings and to keep a file for three (3) years of the statement along with supporting credit card receipts (the receipts are to be a descriptive itemization including items purchased, amounts, price and vendor).

NOTE: Monthly charges will automatically be paid by Accounts Payable and charged to the Account Number(s) and Object Code designated above. Disputes over charges and credits to statements are to be worked out by the department. (Purchasing can provide assistance with this if necessary).

If a card is lost or stolen, the named cardholder has the responsibility to notify the Credit Card Company (1-800-221-5920) and the Office of Purchasing & Risk Management (906-635-2626) immediately. If the card is stolen, the named cardholder also has the responsibility to notify Campus Safety (906-635-2100).

The credit card may be used by both the named cardholder and other employees. However, the named cardholder is responsible for communication of proper use to others using their card. The named cardholder shall also keep a signature log of the other authorized users. Should the named cardholder terminate employment with the University, the user department has the responsibility to reclaim the credit card and return it to the Purchasing Department prior to the employee's termination date. **The card is not to be used for personal purchases.**

As holder of this credit card, I agree to accept the responsibility for the protection and proper use of this credit card, as enumerated above. I understand I must attend a training session with the Director of Purchasing & Risk Management prior to use of this credit card.

Signature:_____ **Date:**_____
(Cardholder)

Signature:_____ **Date:**_____
(Supervisor Approval, if necessary)

Requested Transaction Limit:_____ (not to exceed $500)

Requested Monthly Credit Limit:_____ (not to exceed $5000, unless approved by Director of Purchasing & Risk Management)

Do you wish to use this card for University-sponsored travel? ____Yes ____No