

Name on Card:

*FOUR DIGIT ACTIVATION CODE
(THIS FIELD IS FILLED IN BY PROC SRVS)*

Department Address:

(Dept Number, Street Address, City, State, Zip Code)

Name of person card will be assigned to in WyoCloud:

(can be same as coordinator)
Phone number
Person/Employee number
Email address

Name of person responsible for card management:

(Coordinator #1)
Phone number
Person/Employee number
Email address

Name of person responsible for card management:

*(Coordinator #2) optional**
Phone number
Person/Employee number
Email address

Name of person responsible for card management:

*(Coordinator #3) optional**
Phone number
Person/Employee number
Email address
Please send completed forms to pcard@uwyo.edu

I/We _____, _____ & _____ agree to accept responsibility for the protection and proper use of the University of Wyoming Procurement Card (P-Card) in accordance with the terms and conditions below:

1. Responsible person/s understands they are being entrusted with an University of Wyoming Department P-Card and will be making financial commitments on behalf of and for the benefit of the University of Wyoming and will strive to obtain the best value for the organization.
2. Responsible person agrees to use the University of Wyoming Department P-Card only for actual and necessary business expenses and, under no circumstances, will use the University of Wyoming Department P-Card to make personal purchases or purchases unrelated to the business of the University of Wyoming.
3. Responsible person agrees to provide the supporting documentation from the supplier for each transaction as designated by Procurement & Payment Services under university policies and procedures. Failure to report or document any purchase may be deemed an improper use of the Department P-Card.
4. Responsible person understands that they shall be personally liable for any improper use/misuse of the University of Wyoming Department Procurement Card and agrees to obtain a direct credit from the supplier for the improper charge to the Department Procurement Card and make payment via another payment source. The Responsible person understands that their improper use/misuse of the University of Wyoming Department Procurement Card may be cause for disciplinary action by the University, up to and including termination, and that improper use of the University of Wyoming Department P-Card may subject responsible person to criminal prosecution. Responsible person understands that the university may withhold amounts attributable to improper use from any paycheck or other University of Wyoming check which may be payable to the individual.
5. Responsible person agrees to have knowledge at all times of the location of this card, and shall be responsible for checking the card in and out to the designated users. The card shall remain under lock and key when not in use.
6. Responsible person will be responsible to inform the designated user of the proper use of this university procurement card.
7. If the card is lost, stolen, or misplaced, the responsible person shall immediately notify UMB Bank at 1-888-494-5141. UMB Bank representatives are available 24 hours a day. Advise the representative that the call is regarding a Procurement Card. Responsible person understands that failure to notify UMB Bank of the theft, loss or misplacement of the University of Wyoming P-Card will make them personally responsible for any fraudulent or unauthorized use. The Responsible person must also contact Procurement Services to notify them of the cancellation. Procurement Services will then authorize the bank to issue a replacement card.
8. Responsible person understands that should their employment with their current College/Department be terminated for any reason, the University of Wyoming Department P-Card and purchase documents shall be surrendered upon request of any authorized representative of the University of Wyoming. The Responsible person understands that the university may withhold their final paycheck until the University of Wyoming Department P-Card is returned. Responsible person also understands that university may withdraw authorization to use the University of Wyoming Department P-Card and require the return of the University of Wyoming Department P-Card at any time for any reason.
9. Responsible person understands that P-Card Training is required annually to maintain P-Card privileges.
10. Responsible person acknowledges by their signature to this agreement, that they have received training in the proper use of the University of Wyoming Department Procurement Card; have received, read, understand, and will follow the University of Wyoming Department Procurement Card Procedures; and have read, understand, and will follow this agreement.

**CARD AUTHORIZATION PLAN
TO BE COMPLETED BY PROCUREMENT SERVICES**

Authorization Strategy : _____ (to be filled out by University Program Administrator)

Transaction Limit per Purchase: _____ (\$4,999 without prior approval)

Monthly Cycle Credit Limit: _____ (\$7,500 without prior approval)

**APPROVAL AUTHORITY SIGNATURE: PRESIDENT, VICE PRESIDENT, DEAN, DIRECTOR, OR
DEPARTMENT HEAD**

Print Name: _____ Title: _____

Signature: _____ Date: _____

UNIVERSITY OF WYOMING PROCUREMENT SERVICES APPROVAL

Checked HCM Date: _____

Training Completion Date: _____

Signature: _____

CARDHOLDER SIGNATURE

**** DO NOT SIGN UNTIL REQUESTED BY PROCUREMENT SERVICES ****

Cardholder Signature: _____ Date: _____

Cardholder Signature: _____ Date: _____

Cardholder Signature: _____ Date: _____