



Brigham Young University-Hawaii
Purchasing and Travel Services

Purchasing Card Application

Cardholder Information - *All fields are required for card to be processed*

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____/_____/_____
BYUH Employee ID Number		Date of Birth (MM/DD/YYYY)
		<i>DOB only required for applications after 2/15/2017</i>
Business Mailing Address: <u>BYUH#</u> _____ <u>55-220 Kulanui St. Bldg 5, Laie, HI 96762-1293</u>		
_____	(_____) _____	
BYUH Email Address (Email Address 1)	Business Phone Number	

Department Information - *All fields are required for card to be processed*

Second Line of Embossing: BYU-Hawaii

_____	_____
Card Group (Department Name)	Works Access Approver Name/Email Address

Default General Leger Code (XX-XXXXXX-7212)	
Monthly Credit Limit: \$ _____	Single Transaction Limit: \$ _____

Cardholder/Approval Signatures - *All fields are required for card to be processed*

_____	_____	_____	_____
Signature of Cardholder	Date	Signature of Director/Chairperson	Date
_____	_____	_____	_____
Signature of Controller	Date	Signature of Procurement & Retail Services Director	Date

For Purchasing Office use ONLY:

_____	_____
Existing/New Works User ID	Works Group Name

Card Limit Profile	



Purchasing Card Program Cardholder Agreement

I (name) _____, as the Cardholder, agree to the following conditions regarding my use of the Purchasing Card issued to me by the BYU-Hawaii Purchasing Department:

1. I understand that by using the Purchasing Card, I will be making financial commitments on behalf of the _____ Department and that the Department will be liable for all charges made with the Purchasing Card. Therefore, all commitments will be under the direction and approval of my supervisor.
2. I agree to use the Purchasing Card only for authorized purchases, in an appropriate manner, as defined by the department, and in accordance with the Purchasing Card Procedures.
3. I will strive to obtain the best value for the Department when purchasing merchandise and/or services with the Purchasing Card.
4. I understand that I am the only person authorized to use the Purchasing Card. I will make every effort to safeguard the Purchasing Card and prevent it from being used by any other person or for personal benefit.
5. I understand that I am expected to provide the detail receipts and the *Card* sales slips directly to my department administrator. These receipts will be turned in daily when in the office (weekly by fax if out of the office and all originals mailed in no later than monthly). My Director/Chairperson will review a monthly electronic statement which will show the purchases I have incurred and the account to which they were billed. The Director/Chairperson will approve all transactions in the BAML online reconciliation system.
6. A lost or stolen card will be immediately reported by telephone to BAML Customer Service at 888-449-2273 OR 509-353-6656 (for collect calls originating outside the United States). In addition, I will immediately report this loss to Purchasing.
7. I understand that should I make an unauthorized purchase or use the Purchasing Card in an inappropriate manner, I will be subject to disciplinary action, including potential termination from employment.
8. I will indemnify BYU-Hawaii against any misuse of the Purchasing Card by me or by any to whom I allowed use of the Purchasing Card, including without limitation, reimbursement of any charges contrary to the terms of this Agreement and paying any costs and attorney's fees arising from such misuse of the Purchasing Card.
9. I will surrender the Purchasing Card to an authorized Department representative (Supervisor, Manager, Controller or Purchasing Card Administrator) immediately upon request or upon my transfer to a different Department or upon my termination (voluntary or involuntary) or retirement from my employment.

My signature below indicates that I have read this agreement, understand it and agree to be bound by it, and any subsequent amendments or addenda, for as long as I am a Purchasing Cardholder in this Department.

Cardholder Signature: _____

Date: _____

Director/Chairperson signature: _____

Date: _____