



## Purchasing Card Application and Use Agreement

<i>Please Complete and Submit to the Agency P-card Administrators</i>		Employment Status FTE      or      LTE	Employee IAM
Cardholder Name (as shown on payroll)		Division/Work Unit	Credit Limit \$
PO Box or Street Address (Work address for billing statements)			
City	State	Zip	Work Phone Number
Email			

The Purchasing Card is intended for best judgment purchases (through \$5,000). Purchases made with this card must comply with the Department of Administration and agency procurement policies and procedures as stated in the State Procurement Manual, the State Accounting Manual, and the agency Purchasing Card User Manual.

The Purchasing Card **MAY NOT** be used for cash advances (ATM machines) or to purchase non-business personal items and services. Inappropriate charges or charges without proper supporting documentation may require reimbursement to the sponsoring agency by the cardholder.

If the card becomes lost or stolen, the cardholder **MUST IMMEDIATELY NOTIFY** US Bank and the Agency P-card Administrators.

When a cardholder terminates employment with the agency or transfers to another agency/division, the sponsor division shall destroy the Purchasing Card and notify the Agency P-card Administrators.

Non-adherence to any of the above procedures may result in revocation of individual cardholder privileges and potential discipline and may result in the revocation of all sponsor division and/or agency Purchasing Cards.

*As an applicant/cardholder of a State of Wisconsin Purchasing Card, I assume the responsibility for the protection and proper use of this card as detailed above in the State Procurement Manual, the State Accounting manual, and the agency Purchasing Card User manual.*

\_\_\_\_\_  
 Applicant/Cardholder Signature Date Signed (mm/dd/ccyy)

*As the Employee HR Supervisor of the Applicant/Cardholder, I assume the responsibility for reviewing the use of this card by the cardholder ensuring it is protected and properly adhered to the State Procurement Manual, the State Accounting Manual, and the agency Purchasing Card User Manual.*

\_\_\_\_\_  
 Employee HR Supervisor Signature Date Signed (mm/dd/ccyy)

*As the Sponsoring Division Authority, I approve the issuance of a State of Wisconsin Purchasing Card to the above-named employee.*

\_\_\_\_\_  
 Sponsoring Division Authorized Signature Date Signed (mm/dd/ccyy)

\_\_\_\_\_  
 DOA Controller – Bureau of Financial Management Date Signed (mm/dd/ccyy)

\_\_\_\_\_  
 Agency P-Card Administrator Signature Date Signed (mm/dd/ccyy)

**Note: You must identify the ChartFields and Proxies on Page 2 of this application**

**To Be Completed by the Cardholder:**

Provide justification below if p-card is for an LTE (required for LTE employees only).

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**CHARTFIELD**

Provide the default ChartField for the P-Card.

For split funding, the Agency P-Card Administrator must set up a speed chart in STAR and percentages must equal 100%.

Distributions	Chartfield 1	Chartfield 2	Chartfield 3	Chartfield 4
GL UNIT				
BUD REF				
FUND				
APPROPRIATION				
DEPARTMENT				
PROGRAM				
OP UNIT				
PRODUCT				
PC BUS UNIT				
PROJECT				
ACTIVITY				
SOURCE TYPE				
CATEGORY				
SUBCATEGORY				

**Role Assignment**

In the Employee Name section, indicate the person(s) that shall be connected to your P-Card for the purposes of performing the functions as described for each role. Contact your Agency P-Card Administrators for assistance as needed.

ROLES	EMPLOYEE NAMES(S)
<b>AGENCY P-CARD RECONCILER (required)</b> Reconciles transactions and updates distributions. Can be the cardholder <b>OR</b> a proxy user who reconciles on behalf of the cardholder.	
<b>AGENCY P-CARD REVIEWER (optional)</b> Reviews transactions but does not have ability to update transactions (i.e. an auditor). Do not assign the Agency P-Card Administrator to this role.	
<b>STATE P-CARD MAINTAINER</b> Corrects errors for transactions that fail to load from the bank file.	Penny Lawler, Andrew Shuck, Cheryl Edgington