

Northwest Missouri State University Purchasing Card Acceptance of Responsibility Form

Cardholder Full Name _____

Card Number(s) _____

Expiration Date _____

I accept responsibility for using a University Purchasing Card in conducting business for Northwest Missouri State University. I have read and reviewed the University Expense Procedure and I understand that I will be held responsible for the proper use of this Purchasing Card. While acting as Custodian of this Purchasing Card, I agree to the conditions outlined below and identified in the University Expense Procedure.

I understand this is my Purchasing Card and I am solely responsible for all transactions.

I understand that I am responsible for collecting itemized detailed receipts for each purchase made and submitting the itemized detailed receipts with the cardholder transaction Expense Report by the established deadline. Transactions without itemized paid receipt(s) are required to be reimbursed at time of Expense Report.

I further understand that failure to comply may result in the card being suspended from use.

Conditions for Use of the Northwest Missouri State University Purchasing Card

1. Compliance with the University Expense Procedure.
 - a. Transactions are limited to those authorized and essential for official business of the University.
 - b. Itemized paid receipts are required.
 - c. Employees should use tax exemption status for all purchases in the State of Missouri. If traveling, validate tax exempt status for each state.
2. The per-transaction limit is \$2,999. All purchases should comply with Purchasing guidelines.
3. The Purchasing Card must not be used for the following items: items on contracts, printing by commercial firm, vehicles, construction or insurance, and any technology related items requiring IT approval including computer equipment, software and supplies, telecommunications hardware, printers, televisions and computer displays, audio-visual equipment, and copy machines. Purchasing these items may result in disciplinary action.
4. Such conditions as may be prescribed and published in the future by the V.P. of Finance.

Signature of Cardholder: _____

Date: _____

Bring signed form to VP Finance Office, Administration Building, Room 122C.