

## Procurement Card Agreement – DEPARTMENT/LAB

Send completed agreement to [pcard@uwyo.edu](mailto:pcard@uwyo.edu)



UNIVERSITY  
OF WYOMING

Procurement and  
Payment Services

**DEPARTMENT** requested Card Name - *Card name begins with: DEPT* \_\_\_\_\_  
*16 characters including spaces available for name*

PROCUREMENT assigned Card Name: \_\_\_\_\_ Activation code/PIN \_\_\_\_\_

### DEPARTMENT INFORMATION

College/Dept \_\_\_\_\_ Dept number (four-digit number) \_\_\_\_\_

Work address (*personal home address not allowable*) \_\_\_\_\_ Laramie campus: 1000 E University Ave, Laramie, WY 82071

Other university location: \_\_\_\_\_

### CARD MANAGEMENT INFORMATION

Name of person for WyoCloud assignment \_\_\_\_\_ UWyo email \_\_\_\_\_

Position/Title \_\_\_\_\_ Work phone \_\_\_\_\_

**Required:** Date of Birth (MM/DD/YY) \_\_\_\_\_

**Required:** Person/Employee Number \_\_\_\_\_ **Required:** W# (WyoWeb Student ID) \_\_\_\_\_

Card Manager 1 \_\_\_\_\_ UWyo email \_\_\_\_\_

**Required:** Person/Employee Number \_\_\_\_\_ Work phone \_\_\_\_\_

Card Manager 2 \_\_\_\_\_ UWyo email \_\_\_\_\_

**Required:** Person/Employee Number \_\_\_\_\_ Work phone \_\_\_\_\_

Card Manager 3 \_\_\_\_\_ UWyo email \_\_\_\_\_

**Required:** Person/Employee Number \_\_\_\_\_ Work phone \_\_\_\_\_

### CARD STRATEGY & LIMITS

Purchasing Strategy: **No Travel**

Transaction Limit per Purchase: **\$4,999**

Monthly Cycle Credit Limit: **\$7,500**

Requested Monthly Cycle Credit Limit: \_\_\_\_\_

(must be approved by Approving Authority and Procurement)

### APPROVAL AUTHORITY SIGNATURE - *Department Head, Director, Dean, Vice President, President*

Approval Authority's Name \_\_\_\_\_ Title \_\_\_\_\_

Approval Authority signature \_\_\_\_\_ Date \_\_\_\_\_

### THIS SECTION COMPLETED BY PROCUREMENT SERVICES

Confirm HCM (date) \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Training Completion (date) \_\_\_\_\_

Procurement Services signature \_\_\_\_\_ Date \_\_\_\_\_

CARDHOLDER AGREEMENT - *Please sign and date when requested by Procurement Services*

I/We, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
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 a 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 P-Card and make payment via another payment source. The Responsible person understands that their improper use/misuse of the University of Wyoming Department P-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/s 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 Manager signature _____	Date _____
Card Manager signature _____	Date _____
Card Manager signature _____	Date _____