



PROCUREMENT CARD APPLICATION

Vanderbilt University

J.P. Morgan Chase & Company

P.O. Box 57510

Salt Lake City, UT 84157-0510

EMPLOYEE INFORMATION

First Name Middle Initial Last Name

Actual Street/Shipping Address Campus Mailing Address

City State Zip + 4 E-Mail Address

Business Phone Date of Birth Mother's Maiden Name Social Security Number Last 4 Digits Only

Department/College/Division Name VUNET ID

CONTACT INFORMATION (Please return application to the address below)

Procurement Card Administrator (615) 322-4985
Administrator Name Business Phone

Procurement Services, Baker Bldg 110 21st Avenue South, Suite 805 Box 357000, VUSta B
Department/Address

Nashville TN 37203
City State Zip

Single Transaction Limit/Monthly Credit Limit (Choose One)

\$500 Single Transaction/ \$5,000 per Month
\$1,000 Single Transaction/ \$10,000 per Month
\$2,000 Single Transaction/\$10,000 per Month
\$3,000 Single Transaction/ \$25,000 per Month
Optional Limits:
Must not exceed \$3,000 per single transaction
Single Transaction per Month

Default G/L Account Number Default G/L Center Number Hierarchy ID
(ex. 60040 Office Supplies) (ex. Budget Center 1-23-456-7890) (Hierarchy ID - For Program Administrator Use Only)

EMPLOYEE/APPROVAL SIGNATURES

Applicant/Cardholder Signature Date Supervisor/Manager Signature Date

Dean/Admin Officer/Chair/Director Signature Date Dean/Admin Officer/Chair/Director (Printed Name)

Procurement Card Administrator Date
Procurement Services





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MANAGER INFORMATION (Security Access for the PaymentNet System)

The individual(s) listed below will have the ability to APPROVE/CHANGE account and budget center information for this Cardholder's transactions in the PaymentNet System. Note: The Primary Manager is required to attend the Procurement Card Training Class with the Cardholder.

PLEASE NOTE: \*\*\*A Cardholder cannot be their own Card Manager\*\*\*

(Primary Card Manager Information)
First Name: Last Name:
User ID/VUNet:
E:Mail Address:
Official VU Job Title:
Does the Primary Card Mgr Report to the Cardholder? Yes No

Backup Card Mgr
Additional Card Mgr
Additional Card Mgr

TRAVEL

Using the Procurement Card for travel is optional. (The transaction limit will be \$2,000 and the monthly limit \$10,000, unless otherwise noted.) Please check one of the following:
[ ] YES This Cardholder needs to have travel capabilities added to this procurement card.
[ ] NO This Cardholder should not have travel capabilities added to this procurement card.

Cardholder Name \_\_\_\_\_

Cardholder's Official Job Title: \_\_\_\_\_

Supervisor/Manager Signature \_\_\_\_\_

**Vanderbilt University  
Procurement Card Program  
Cardholder User Agreement**

Participation in the J.P. Morgan Chase Mastercard Procurement Card Program is a convenience that also carries cardholder responsibilities. Although the card is issued in my name, it is considered University property and should be used only for University business. As a recipient of a Vanderbilt University Procurement Card, I agree to the following terms and conditions:

1. The Procurement Card is provided to employees based on their need to purchase business-related goods and services. I understand that my procurement card may be revoked at any time based on change of assignment, transfer of departments or upon termination from Vanderbilt University. The card is not an entitlement nor reflective of title or position.
2. The Procurement Card is for business-related purchases only. I understand that personal charges are **not** to be made to the card under any circumstances.
3. I understand that I am the only person entitled to use the procurement card and am responsible for all charges made against the card.
4. I understand that improper use of the card can be considered misappropriation of company funds, which may result in disciplinary action, up to and including termination.
5. I am responsible for complying with internal control procedures in accordance with Procurement Card program policies, in order to protect the University's assets. This includes maintaining proper receipts and supporting documentation, reconciling monthly cardholder statements and following proper credit card security measures. I will retain all supporting documentation within my department, and understand that the documents *must be accessible* for review purposes.
6. I understand that all transaction documentation and reconciliations will be subject to audit by the Office of Accounting, Department of Finance and/or Internal Audit.
7. I am responsible for reviewing my transactions daily/weekly in *PaymentNET* and allocating the expenses to the appropriate General Ledger account and center number(s) prior to the month-end billing cycle cutoff.
8. I am responsible for reconciling my monthly procurement card bank statement and resolving any discrepancies by contacting the supplier or the bank.
9. I am responsible for ensuring my card and my card number is protected from theft or loss. I will immediately notify the Procurement Card Administrator of any loss or improper use of my card or card number.
10. I will surrender the procurement card to the University's Procurement Card Administrator or my immediate supervisor upon demand or upon my termination of employment with the University. At this point, no further use of the account is authorized.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Cardholder Printed Name

\_\_\_\_\_  
Date

***I certify that I will monitor and review the purchases made by this cardholder in accordance with the Procurement Card program's established rules and procedures for this cardholder agreement. It is also my responsibility to determine if this cardholder is using the card responsibly in accordance with Purchasing and any other applicable Vanderbilt University policy, as well as Cost Accounting Standards Policies, and to revoke the holders use of the card if they are not using the card as intended.***

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Manager Printed Name

\_\_\_\_\_  
Date

**VANDERBILT UNIVERSITY**  
**Disclosure Form for Staff**  
**Reporting Conflicts or Potential Conflicts of Interest or Commitment**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please place a check next to any activity from the lists below applicable to your situation. For any activities checked, use the space provided below to provide a more detailed explanation of the activity. Examples (*in italics*) have been provided on some of the activities to help you determine if the activity is applicable to you.

- Employment outside of Vanderbilt University.  
*(Example: Retail sales clerk in the evening; postal worker on the 2nd shift at the Post Office; etc.)*
  
  - Employment within the University in addition to your primary employment.
  
  - Employment of a family member. Indicate employing department.
  
  - Outside interests on your part (or on the part of close family members) with or related to suppliers of goods or services to the University. *(Example: a sister who is a partner with the external audit firm; a brother who is a sales rep for a major vendor.)*
  
  - Outside business, philanthropic, community, political, or other interests or activities that may impact your work commitment or the use of University facilities and/or supplies.  
*(Examples: Selling products and/or services to other employees; member of Nashville Metro council; etc.)*
  
  - Acceptance of gifts, gratuities, favors, or entertainment from individuals or organizations with whom the university conducts business or who are seeking association with the University, or the extension of such gratuities or favors which might reasonably be interpreted as an attempt to influence the recipients in the conduct of their duties.  
*(Example: A vendor provides you a car for six months in gratitude for the products you have purchased from their company; an organization loans you interest free money to help with the down payment on your house; etc.)*
  
  - Use of information that the University considers privileged or confidential, for non-University purposes.  
*(Example: Disclosing purchasing volumes or history to a vendor seeking a relationship with the University; disclosing confidential employee information to an insurance agent for the purpose of solicitation; etc.)*
  
  - Other potential conflicts not listed above.  
(If checked, please explain in the space below or use the reverse side if necessary.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Any activities and interests that are potential conflicts of interest require advance supervisory approval. Failing to report such activity immediately, or continuing an activity if it has been disapproved by your supervisor, is grounds for performance improvement counseling, including termination of employment.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Departmental Review

To the best of my knowledge and judgment:

No conflict of interest or commitment is indicated.  Activities are checked that warrant review.

\_\_\_\_\_  
Signature of Departmental Administrator or Designee

\_\_\_\_\_  
Date