

**NICHOLLS STATE UNIVERSITY
LA CARTE PROGRAM
CARDHOLDER ENROLLMENT FORM**

Attachment A REVISED 03/06

NEW

CHANGE – CARDHOLDER ACCOUNT # _____

DELETE - CARDHOLDER ACCOUNT # _____

Section I: To be completed by Cardholder:

Cardholder Name: _____ (maximum of 26 spaces)

Agency: _____/Section: _____

Office Mailing Address: _____

City, State, & Zip: _____

Phone #: _____ E-mail Address: _____

Employee ID _____ (must be 9 digits)

Supervisor/Reviewer Signature: _____

Section Two: To be completed by Purchasing:

Single Transaction Limit: \$1,000.00

Spending Limit per Cycle: _____ (6th to 5th each month)

*MCC Restrict / Add Codes: _____ Justification: _____

*(no changes will automatically accept state recommendations)

HIERARCHY:

LEVEL 1:	Louisiana La Carte	<u>5511616</u>
LEVEL 2:	Non ISIS Agencies	<u>0000002</u>
LEVEL 3:	Nicholls State University	<u>XXXXXXXXXXXXXXXX</u>
LEVEL 4:	_____	_____
LEVEL 5:	_____	_____
LEVEL 6:	_____	_____
LEVEL 7:	_____	_____

APPROVED BY: _____ DATE: _____

NOTE: This form is to be completed by the cardholder, approved by the supervisor/reviewer and forwarded to Purchasing Department, with the completed cardholder agreement, for processing.

Date Application processed at Purchasing: _____

Submitted To Bank By: _____

NICHOLLS STATE UNIVERSITY
LA CARTE PURCHASING CARD
CARDHOLDER AGREEMENT

I AGREE TO THE FOLLOWING TERMS AND CONDITIONS REGARDING THE USE OF THE LOUISIANA PURCHASING CARD ASSIGNED TO ME FOR OFFICIAL STATE BUSINESS ONLY.

- 1) I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the State of Louisiana and will strive to obtain the best value for the State.
- 2) I understand that under no circumstances will I use the Purchasing Card to make personal purchases, for myself or others. Using the Purchasing Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
- 3) I understand that the card shall be solely used by me, the named cardholder, and that under no circumstances shall any other person be allowed to use this card.
- 4) I will follow Louisiana Law, State Purchasing Policies, and the established Polices and Procedures of Nicholls State University for using the purchasing card. Failure to do so may result in either revocation of my card privileges and/or other disciplinary action.
- 5) I have been provided a copy of the Nicholls State University Policies and Procedures and have been trained on _____ (date) and understand the Purchasing Card Program. I have been given an opportunity to ask any questions to clarify my understanding of the program.
- 6) I agree to provide receipts of purchase daily to the Purchasing Department, review and reconcile transactions timely and will maintain all applicable information and receipts.
- 7) I agree that I will surrender the purchasing card upon termination from the University.
- 8) If card is lost or stolen, I WILL TELEPHONE BANK OF AMERICA CUSTOMER SERVICE AT 1-888-449-2273 IMMEDIATELY. This number is available 24 hours a day, 7 days a week, 365 days a year. Lost cards reported by telephone are blocked immediately. Replacement cards should be issued within 24 hours. Additionally, I will contact the University P-Card Administrator at ext. 4031 or ext. 4037.
- 9) I agree that, should I violate the terms of this Agreement, I will be subject to disciplinary action up to and including termination of employment and prosecution to the extent permitted by law, and that I will reimburse the Nicholls State University for all incurred charges and any costs related to the collection of such charges. Additionally, any such charges that I owe the State/University may be deducted from any money which would otherwise be due and owing me, including salary or wages, to the extent allowable by law.

PRINTED NAME OF CARDHOLDER _____

CARDHOLDER'S SIGNATURE _____

DATE: _____