



University of Kentucky Procurement Card Application

Email completed forms to: procard@email.uky.edu

TYPE OF PROCURMENT CARD REQUESTED (Check One)

Standard [*Declining Balance](#)

(*)Requires attachment of a completed Procurement Card Supplemental Information form. Link above will direct you to supplemental form. For more information about the different cards please see [BPM E-7-16](#)

Employee/Card Information

Applicant's SAP Person ID		Date of Birth	Department Number
First Name	MI	Last Name	
Department Mailing Address			Business Phone
City	State	Zip	Cardholder's Email Address
Monthly Credit Limit	Single Transaction Limit	\$5,000	Second Line of Embossing (Dept Name)

Cardholder User Agreement

As a recipient of a University of Kentucky Procurement Card, I agree to the following terms and conditions:

1. I will use the card only in accordance with University policies, regulations, and procedures as stated within the University Personnel Policy Manual, the Business Procedures Manual, and the Procurement Card User's Guide.
2. I will adhere to University price contracts and will not manipulate/split orders over the Single Transaction Limit.
3. I understand this is NOT a personal purchasing card and I will not make any personal charges against my card(s) for any circumstances.
4. I am responsible for ensuring my card(s) and my card number(s) are protected from theft or loss. I will notify the Procurement Card Administrator of any loss or improper use of my card(s) or card number(s).
5. I am responsible for obtaining and submitting, for audit purposes, all proper invoices/receipts or other documentation necessary to substantiate the propriety of each card transaction.
6. 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.
7. If I am approved for travel, I will comply with the travel regulations and limitations established by the Procurement Card policies and the Business Procedures Manual Travel Regulations (E-5-1 – E-5-2).
8. I understand that failure to comply with the policies, regulations, and guidelines set forth herein may result in termination of my employment from the University of Kentucky.

I hereby certify that I have read, understand and shall adhere to the University of Kentucky's Procurement Card regulations, and procedures.

Signature of Applicant / Date	Leave Blank/Internal Use Only Procurement Card Administrator/Date
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Department Approval Signature

Approving Supervisor Name (Please Print)	Email Address	Approving Supervisor Signature/Date
Approving Dean/Business Officer Name	Email Address	Dean/Business Officer Signature/Date