



**MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT
PROCUREMENT CARD SERVICES PROGRAM**

PROCUREMENT CARD PURCHASE SETUP FORM

SECTION I INSTRUCTIONS

- To add a new account or make changes, select the appropriate change in Section II. *NOTE: Sections III and IV are to be completed by the Cardholder, while Sections II, V & VI are to be completed by the Agency Program Coordinator.*
- Maintain a copy in the Cardholder and Agency Program Coordinator's files.
- Mail the completed form to the Office of Purchasing, Travel, and Fleet Management, ATTN: Procurement Card Services Program Administrator, 701 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS 39201.

SECTION II REPORTING PARAMETERS

Office of Purchasing, Travel and Fleet Management's Use

Emailed: Yes No

Authorization Strategy No. _____ Reporting Levels/Agency No. _____

Procurement Card Administrator _____ Date _____

New Account
 Reissue Replacement Card
 Update Account Information
 Emergency Card Replacement
 Authorization Override
 Change Authorization Strategy
 Lost/Stolen Replacement Card
 Change Account Address
 Change Control Account

SECTION III CARDHOLDER'S INFORMATION (Please Print)

Account Number _____ Cardholder's First Name _____ Cardholder's Last Name _____

Department/Agency Name (maximum 21 characters) Mississippi Univ. for Women Business Telephone Number _____ Extension _____

2nd Line Embossing (maximum 21 characters/data on Front of Card) _____ Fax Telephone Number _____

Statement Mailing Address Line 1 (maximum 36 characters) _____ Last 4 digits of Social Security Number _____

Statement Mailing Address Line 2 (maximum 36 characters) _____ Position _____

City _____ State _____ Zip _____ Country _____ Email Address _____ Control Account No. _____

SECTION IV CARDHOLDER'S SIGNATURE

I understand that the Card is to be used for official purchases only. I understand that it is my responsibility to notify UMB if my card is lost or stolen.

Cardholder Signature _____ Date _____

Supervisor's Signature _____

SECTION V AUTHORIZATION PARAMETERS

Please select one of the below spending limits and indicate the single transaction limit. The Single Transaction Limit cannot exceed \$5,000.

<p>Credit Level 1</p> <input type="checkbox"/> Monthly Credit \$ 30,000 Single Transaction Limit \$ _____	<p>Credit Level 2</p> <input type="checkbox"/> Monthly Credit Limit \$20,000 Single Transaction Limit \$ _____	<p>Credit Level 3</p> <input type="checkbox"/> Monthly Credit Limit \$10,000 Single Transaction Limit \$ _____	<p>Credit Level 4</p> <input type="checkbox"/> Monthly Credit Limit \$5,000 Single Transaction Limit \$ _____
<p>Credit Level 5</p> <input type="checkbox"/> Monthly Credit \$1,000 Single Transaction Limit \$ _____	<p>Credit Level 6</p> <input type="checkbox"/> Monthly Credit \$500 Single Transaction Limit \$ _____	<p>Credit Level 7</p> <input type="checkbox"/> Monthly Credit \$100 Single Transaction Limit \$ _____	<p>Credit Level 8</p> <input type="checkbox"/> Monthly Credit \$ _____ Single Transaction Limit \$ _____

SECTION VI AGENCY PROGRAM COORDINATOR'S SIGNATURE AND TELEPHONE NUMBER

Approving Agency Program Coordinator's Name (printed) _____ Email Address _____

Approving Agency Program Coordinator's Signature _____ Date _____

Business Telephone Number _____ Extension _____ Fax Telephone Number _____