RESET FORM

AG-616 (07/09)

Texas A&M AgriLife
Administrative Services - Purchasing

TEXAS A&M AgriLIFE
Teaching • Research • Extension • Service

PURCHASING CARD CARDHOLDER APPLICATION/APPROVAL FORM

☐ **Texas AgriLife Research** **4849 – 556 RESEARCH**

☐ **Texas AgriLife Extension Service** **4848 – 555 EXTENSION**

☐ **TVMDL** **4848 – 557 TVMDL**

Applicant's Name (as it appears on payroll): _____

Department/Unit Name: _____

Department/Unit Address: _____

Department's code: (four alpha characters): _____ Mail stop: _____

Phone Number: _____ E-Mail: _____

Last four digits of applicant's Social Security Number (SS): _____

Single Transaction Limit: _____ Monthly Limit: _____

Default Account to be utilized (select one designated local fund account):

FAMIS ACCOUNT: _____ SUPPORT ACCOUNT: _____

Department/Unit contact for Audit/Reconciliation:

Name: _____ E-Mail: _____

Phone: _____

I understand that I must attend training classes and agree to follow the procedures set forth in the Purchasing Card Program Guide. I further agree to adhere to the department/unit delegated authority guidelines and to sign the Purchasing Card Cardholder Agreement before a Purchasing Card is issued. Upon the issuance of the card, I understand that the improper use of this card may result in disciplinary action, up to and including termination of my employment.

_____ Cardholder Signature and Date Required

Applicant's Name (Print/Type) Applicant's Signature Date

I hereby approve the applicant, listed above, for issuance of an AgriLife Program Purchasing Card for the agency specified. I agree that the account and support account, listed above, will have funds sufficient to pay any and all charges made by this individual. I will ensure that a reconciliation of all statements will be done as required and all documentation retained. I understand that the improper use of this card by this individual may result in disciplinary action, up to and including termination of employment.

_____ Account Signer Signature and Date Required

Department/Unit Account Signer Name (Print/Type) Department/Unit Account Signer Signature Date

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.