

## ***Application Form for Pcard or Works User Access***

**Personal Information:**

|                           |                        |                   |
|---------------------------|------------------------|-------------------|
| <i>First Name:</i>        | <i>Middle Initial:</i> | <i>Last Name:</i> |
| <i>OSU Email Address:</i> |                        | <i>CWID:</i>      |
| <i>Position Title:</i>    | <i>Group Name:</i>     |                   |

### **Billing Information**

|                                        |        |                                            |                     |
|----------------------------------------|--------|--------------------------------------------|---------------------|
| Business Address Line 1 (Campus Name): |        | Business Address Line 2 (Mailing Address): |                     |
| City:                                  | State: | Zip:                                       | Country: <b>USA</b> |
| Business Phone:                        |        | Cell Phone:                                |                     |
| Default Chart and Fund: (#-#####)      |        |                                            |                     |

### Card Information and Controls

|                                                                                                                         |  |                                                                                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Card Requested?      Yes      No<br>Legal name to be printed on card:                                                   |  | Name limited to 21 spaces and characters.                                                                                                                                                                                                                                                             |  |
| Role(s) – Use checkboxes:<br><br>Cardholder<br>Approving Manager<br>Accountant<br>Group Proxy Reconciler<br>Group Owner |  | Credit Limits (transaction/monthly): [select from drop down box]<br><br>• <b>Non-students</b> , provide justification for monthly credit limits greater than \$20,000.<br>• <b>Students</b> , provide justification for transaction limits greater than \$500 or monthly limits greater than \$2,500. |  |

| <b>A&amp;M Amazon Business Prime Access Requested</b> | <b>Yes</b> | <b>No</b> |
|-------------------------------------------------------|------------|-----------|
|                                                       |            |           |

Department requests cardholder access to the A&M Amazon Business Prime account for allowable non-contract purchases. Amazon User Guide has been provided to the cardholder. *\*Not available for Ledger 9 cards, which are subject to sales tax.\**

**Signatures and Dates:**

**IMPORTANT:** Signatures on all forms in this packet must be handwritten, drawn electronically, or completed using a certified digital signature. Typed names are not accepted.

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*Signature of Cardholder/Applicant*
*Date*

By signing below, I certify that I am the Fiscal Officer or authorized alternate Fiscal Officer for this account. I approve this request and attest that all required departmental, divisional, and other applicable approvals have been obtained and verified prior to submission.

\_\_\_\_\_  
Signature of Fiscal Officer or Alternate

**For Central Procurement Use Only:**

Signature of Pcard Administration/OCP-Stillwater \_\_\_\_\_ Date \_\_\_\_\_

**Other:**

**Pcard Training Date:**

*Other notes, instructions, and justification:*

Email completed form to [osu.pcard@okstate.edu](mailto:osu.pcard@okstate.edu)

Updated July 2026



## Departmental Purchase Card Agreement

(Only required if requesting a card)

I, as an authorized and approved cardholder, fully understand and agree to the following terms and conditions regarding the use and safekeeping of the purchase card (Pcard) entrusted to me:

1. I accept full personal responsibility for the safekeeping of the Pcard assigned or checked out to me, and understand absolutely no one, other than me, is permitted to use the Pcard or its 16-digit account number.
2. I will be making financial commitments on behalf of Oklahoma State University and will obtain fair and reasonable prices.
3. I have received training and agree to follow all policies, procedures, and guidelines established for use of the Pcard.
4. I will not use the Pcard for non-OSU related business, unauthorized purchases, or for personal purchases.
5. I will immediately report the theft or loss of the card to the Bank of America by phone at 888-449-2273.
6. I understand that the use of the Pcard does not exempt me from purchasing requirements as set forth in Oklahoma State University policy and procedures, Pcard Guidelines, and State Statutes.
7. I understand my Pcard may not be used for the following (refer to Pcard Guidelines for additional details and/or any updates that may be made):

- |                                                                 |                                                            |                                                                                                            |
|-----------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| ▪ Alcohol                                                       | ▪ Individual/Personal Memberships                          | ▪ Regular Monthly Payments > \$5,000 / Fiscal Year                                                         |
| ▪ Any Purchase from a Company owned by a University Employee    | ▪ Insurance                                                | ▪ Salary/Wages and/or Benefits                                                                             |
| ▪ Cash, Cash Advances, ATM Transactions                         | ▪ Items that do not Serve a Business Purpose               | ▪ Service and/or Incentive Awards (or Any Items Purchased for an Employee)                                 |
| ▪ Conflict of Interest Transactions                             | ▪ Late Fees                                                | ▪ Split Purchases                                                                                          |
| ▪ Convenience Fees or any other fee charged for using the Pcard | ▪ Moving Expenses                                          | ▪ Weapons and/or Ammunition                                                                                |
| ▪ Decorations                                                   | ▪ Oklahoma Sales Tax                                       | ▪ Other Purchases not Permitted Under OSU Policies and Procedures, Purchasing Policies, and State Statutes |
| ▪ Donations / Sponsorships                                      | ▪ Personal Purchases                                       |                                                                                                            |
| ▪ Gasoline, except as permitted in Pcard Guidelines             | ▪ Postage Stamps                                           |                                                                                                            |
| ▪ Gifts, Gift Cards, Gift Certificates                          | ▪ Prepayments or Deposits                                  |                                                                                                            |
|                                                                 | ▪ Purchases for Student Organizations                      |                                                                                                            |
|                                                                 | ▪ Purchases from University Departments and/or Auxiliaries |                                                                                                            |
|                                                                 | ▪ Purchases Involving Trade-In of a University Asset       |                                                                                                            |

8. I will surrender my Pcard upon (a) my termination of employment with Oklahoma State University, (b) transfer to another department within Oklahoma State University, or (c) at the request of my supervisor, Department Administration, or the Pcard Administrator.
9. I understand that I am not to use the Pcard as a financial reference to obtain personal credit cards or loans.
10. I understand that I am personally responsible for obtaining all original receipts (purchase and credit documents) and supporting documentation and submitting them in accordance with Pcard Guidelines.
11. I understand that failure to follow any of the above listed terms and conditions, Pcard Guidelines, policies and procedures and/or misuse of the Pcard in any manner, may result in revocation of the privilege to use the card, disciplinary action, termination of employment, and/or criminal charges being filed with the appropriate authority.

I hereby accept the above terms and conditions.

Cardholder Name Printed/Typed

Cardholder Signature

Date Signed

July 2026



## ***Pcard Conflict-of-Interest Form***

(Only Required if Requesting a Card)

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Name:

Department:

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The information you provide will be used only as required to report and manage conflicts of interest.

**1. Do you have an interest in an entity or activity that does business with Oklahoma State University?**

Yes      No

**2. Do you have a family member who has an interest in an entity or activity that does business with Oklahoma State University?**

Yes      No

**3. Do you have an interest in, or relationship with, any entity or activity that could reasonably appear to affect, or be affected by, the exercise of your university responsibilities?**

Yes      No

**4. Do you have a family member who has an interest in, or relationship with, any entity or activity that could reasonably appear to affect, or be affected by, the exercise of your university responsibilities?**

Yes      No

**5. Do you have any other interests, relationships, or activities that could affect decisions you may make on behalf of Oklahoma State University?**

Yes      No

**6. If you answered yes to any of the questions above, please fully explain the nature of your business interest, relationship, or activity. Include the type and name of businesses, percent of ownership, etc.**

I understand I am required to make annual disclosure of financial interests which could reasonably appear to be a conflict of interest. I declare that I have used all reasonable diligence in preparing this disclosure statement, which to the best of my knowledge is true, accurate, and complete. I understand that I have a responsibility to update the above information throughout the coming year if my circumstances change.

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Signature

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Date