



Application Form for Pcard or Works User Access

Personal Information:

First Name:	Middle Initial:	Last Name:
Email Address:	@okstate.edu	CWID: (no A) 9-
Position Title:	Group Name:	

Billing Information

Business Address Line 1:		Business Address Line 2:	
City:	State:	Zip:	Country: USA
Business Phone: () -		Secondary Phone or Cell: () -	
Default Chart and Fund: (#-#####)			

Card Information and Controls

Card Requested? Yes/No	
If yes, name on card (legal name):	<div></div>
If yes, department or student org name on card:	<div></div>
Role(s) – Use checkboxes:	Credit Limits (transaction/monthly): [select from drop down box]
<input type="checkbox"/> Cardholder	\$10,000/\$20,000
<input type="checkbox"/> Approving Manager	Provide justification for <u>employee</u> cycle limit exceeding \$20,000 per month or
<input type="checkbox"/> Accountant	<u>student</u> limits exceeding \$500 per single transaction or \$2,500 per month.
<input type="checkbox"/> Group Proxy Reconciler	
<input type="checkbox"/> Group Owner	

A&M Amazon Business Prime Access ☐ Yes ☐ No

Department requests cardholder access for non-contract purchases. Amazon User Guide provided. *Not available for Ledger 9 cards.*

Other notes and instructions:

Signatures and Dates:

Signature of Cardholder _____ Date _____

Signature of Approving Manager _____ Date _____

Signature of Accountant _____ Date _____

Signature of Department Head _____ Date _____

Signature of Fiscal Officer/Other (if required) _____ Date _____

Signature of Purchasing Department _____ Date _____

Other:

Pcard Training Date:



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

August 19 2025



Pcard Conflict-of-Interest Form

(Only Required if Requesting a Card)

Name: _____

Department: _____

The information you provide will be used only as required to report and manage conflicts of interest. Return this form directly to the appropriate departmental administrator.

- 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.

Signature

Date