



## PURCHASING CARD APPLICATION/USE AGREEMENT

*Application complies with Executive Order 9397. Completion of the form is voluntary; however, lack thereof will nullify the application and a purchasing card will not be issued. This information is required by the U.S. Bank and the Wisconsin Department of Administration State Controller's Office and will be used to verify that the cardholder is a registered employee or an agent of the state.*

**Instructions:** Send completed application and questions to: [dmapurchasing@widma.gov](mailto:dmapurchasing@widma.gov).

Cardholder Name (as shown on payroll)			Card Type (Select all that apply) <input type="checkbox"/> Travel <input type="checkbox"/> Purchasing
Division/Work Unit	Employment Status <input type="checkbox"/> FTE or <input type="checkbox"/> LTE		Funding (add sheet if complex coding)
PO Box or Street Address (Work address for billing statements)			
City	State	Zip + 4	Work Phone Number
Work Email			
Single Transaction Limit Requested <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> Other \$		Biweekly Credit Limit Requested <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other \$	
Justification for Other Single Transaction and/or Biweekly Credit Limit Requested			

The undersigned requests the issuance of a State of Wisconsin Purchasing Card to facilitate the purchase of items needed to accomplish the mission of the work unit listed above. Intended for best judgment purchases (through \$5,000). Purchases made with this card must comply with the Department of Administration and Department of Military Affairs (DMA) procurement policies and procedures as stated in the State Procurement Manual, the State Accounting Manual and the Purchasing Card User Manual. I understand that the purchasing card is for business use only, and that any unauthorized personal use of this card can result in revocation of card privileges, disciplinary action up to and including dismissal, and potential recovery of funds from future payroll earnings. I have attended the required training and have provided the completion certificate.

If the card is lost or stolen, I understand that I **MUST IMMEDIATELY NOTIFY** U.S. Bank and the DMA P-card Administrators.

I understand that the following items may not be purchased with the purchasing card (list is not all-inclusive):

Alcoholic Beverages	Contractual Services (Recurring)	Insurance Printing	Personal Use Items
Building Improvements	Flowers/gifts	Leases/Rentals	Radioactive Materials
Cash Advances	Fuel for Vehicle Use	Legal Services	Tax Reportable Services
Consulting Services	Hospitality/Entertainment	Motor Vehicles	Temporary Help Services

I understand that this card is the property of the DMA, and must be surrendered to the Department State Budget and Finance Office in the event I terminate my employment with my current work unit.

As an applicant/cardholder of a purchasing card, I assume the responsibility for the protection and proper use of this card as detailed above, in the State Procurement Manual, the State Accounting manual, and the DMA Purchasing Card User Manual.

SIGNATURE OF APPLICANT/CARDHOLDER	DATE
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As the Employee HR Supervisor of the applicant/cardholder, I assume the responsibility for reviewing the use of this card by the cardholder to ensure that it is protected and that the employee adheres to the State Procurement Manual, the State Accounting Manual, and the DMA Purchasing Card User Manual.

SIGNATURE OF EMPLOYEE HR SUPERVISOR	DATE
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**FOR STATE BUDGET AND FINANCE USE:**

Issuance of the purchasing card for the above-named individual is hereby approved:

SIGNATURE OF PURCHASING CARD ADMINSTRATOR	DATE
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**AGENCY ACCOUNTING INFORMATION:**

AGENCY	GROUP	SUFFIX	RPT LVL 1	RPT LVL 2	RPT LVL 3	RPT LVL 4	RPT LVL 5
465							

HR DEPT	FUND	APPR	PROJECT	ACTIVITY	PRODUCT	ACCOUNT	%

VISA CARD # ISSUED (Last four)	SINGLE TRANS LIMIT	STATEMENT LIMIT

ADDED CARD TO MASTER LIST	ADDED CARD IN PEOPLESOFT	ADDED PROXY IN PEOPLESOFT	RECEIVED VALIDATION OF TRAINING COMPLETION