



STATE PCARD USER PROFILE

State Purchasing Card issued by U.S. Bank (Visa)

1. The Purchasing Card is for State use only; I agree not to use the card for personal business.
2. If the card is lost or stolen, I will immediately notify U.S. Bank and my Site Coordinator. Also, I agree to give my card to my Site Coordinator immediately upon termination of employment, or transfer to another state agency.
3. I am responsible for obtaining receipts for all transactions. Receipts must be attached to each monthly statement. Also, I understand that sales tax cannot be charged to purchase made with the Purchasing Card. I will ensure that the vendor removes any sale tax if charged.
4. Improper use of this card can be considered misappropriation of State funds. Improper use of the card may result in suspension of Procurement Card privileges and disciplinary action as determined by your organization. Improper use of the Purchasing Card Includes the following:
 - Using the Purchasing Card for personal purchases or purchasing unauthorized items.
 - Use of the Purchasing Card by someone other than the cardholder. (Does not apply to Dept. Cards)
 - Fraudulent or inaccurate record keeping.
 - Splitting purchases/charges to circumvent the single purchase threshold.
5. If the Purchasing Card is used for personal purchases or for unauthorized items, I hereby agree to personally pay the State of South Dakota directly for such purchases or authorize the State to withhold from my paycheck any amounts necessary to pay these charges.

TYPE OF REQUEST (Check the box that applies)			
___ New Account	___ Change to Account (address, name, etc.)	___ Cancel Account	
APPLICANT INFORMATION			
Employee Name (First, Last)		Email Address	
Agency Name		Phone # (Office or Mobile)	
Agency Address (No PO Boxes)		City	State SD
		Zip Code	
REPORTING PARAMETERS			
Reporting Hierarchy Level 1 (Bank) 13219		Level 2 (Dept.)	Level 3 (Clearing Center)
Tax Exempt Number 466000364	Single Purchase Limit \$4,000	Monthly Purchase Limit \$25,000	Card Activation Code 000-00-1234 (Preset by US Bank)

By signing this agreement, cardholder agrees to the terms above as well as the requirements in the State Purchasing Card Policy Manual.

Cardholder Signature	Date
Site Coordinator Signature	Date
P-Card Program Administrator Signature (or designee)	Date