



**MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT
PROCUREMENT CARD SERVICES PROGRAM**

PROCUREMENT CARD PURCHASE SETUP FORM

SECTION I INSTRUCTIONS

- To add a new account or make changes, select the appropriate change in Section II. *NOTE: Sections III and IV are to be completed by the Cardholder, while Sections II, V & VI are to be completed by the Agency Program Coordinator.*
- Maintain a copy in the Cardholder and Agency Program Coordinator's files.
- Mail the completed form to the Office of Purchasing, Travel, and Fleet Management, ATTN: Procurement Card Services Program Administrator, 701 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS 39201.

SECTION II REPORTING PARAMETERS

| | |
|---|---|
| <input type="checkbox"/> New Account <input type="checkbox"/> Reissue Replacement Card <input type="checkbox"/> Update Account Information <input type="checkbox"/> Emergency Card Replacement <input type="checkbox"/> Authorization Override <input type="checkbox"/> Change Authorization Strategy <input type="checkbox"/> Lost/Stolen Replacement Card <input type="checkbox"/> Change Account Address <input type="checkbox"/> Change Control Account | <p><i>Office of Purchasing, Travel and Fleet Management's Use</i></p> <p>Emailed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ <i>Authorization Strategy No.</i> <i>Reporting Levels/Agency No.</i></p> <p>_____ <i>Procurement Card Administrator</i> <i>Date</i></p> |
|---|---|

SECTION III CARDHOLDER'S INFORMATION (Please Print)

| | | |
|--|---|------------------------------|
| Account Number _____ | Cardholder's First Name _____ | Cardholder's Last Name _____ |
| Department/Agency Name (maximum 21 characters) _____ | Business Telephone Number _____ | Extension _____ |
| 2 nd Line Embossing (maximum 21 characters/data on Front of Card) _____ | Fax Telephone Number _____ | |
| Statement Mailing Address Line 1 (maximum 36 characters) _____ | Last 4 digits of Social Security Number _____ | |
| Statement Mailing Address Line 2 (maximum 36 characters) _____ | Position _____ | |
| City _____ | State _____ | Zip _____ |
| Country _____ | Email Address _____ | Control Account No. _____ |

SECTION IV CARDHOLDER'S SIGNATURE

I understand that the Card is to be used for official purchases only. I understand that it is my responsibility to notify UMB if my card is lost or stolen.

Cardholder Signature _____ Date _____

SECTION V AUTHORIZATION PARAMETERS

Please select one of the below spending limits and indicate the single transaction limit. The Single Transaction Limit cannot exceed \$5,000.

| | | | |
|---|--|--|---|
| <p align="center"><u>Credit Level 1</u></p> <input type="checkbox"/> Monthly Credit \$ 30,000 Single Transaction Limit \$ _____ | <p align="center"><u>Credit Level 2</u></p> <input type="checkbox"/> Monthly Credit Limit \$20,000 Single Transaction Limit \$ _____ | <p align="center"><u>Credit Level 3</u></p> <input type="checkbox"/> Monthly Credit Limit \$10,000 Single Transaction Limit \$ _____ | <p align="center"><u>Credit Level 4</u></p> <input type="checkbox"/> Monthly Credit Limit \$5,000 Single Transaction Limit \$ _____ |
| <p align="center"><u>Credit Level 5</u></p> <input type="checkbox"/> Monthly Credit \$1,000 Single Transaction Limit \$ _____ | <p align="center"><u>Credit Level 6</u></p> <input type="checkbox"/> Monthly Credit \$500 Single Transaction Limit \$ _____ | <p align="center"><u>Credit Level 7</u></p> <input type="checkbox"/> Monthly Credit \$100 Single Transaction Limit \$ _____ | <p align="center"><u>Credit Level 8</u></p> <input type="checkbox"/> Monthly Credit \$ _____ Single Transaction Limit \$ _____ |

SECTION VI AGENCY PROGRAM COORDINATOR'S SIGNATURE AND TELEPHONE NUMBER

Approving Agency Program Coordinator's Name (printed) _____ Email Address _____

Approving Agency Program Coordinator's Signature _____ Date _____

Business Telephone Number _____ Extension _____ Fax Telephone Number _____