

ARIZONA

DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING

Purchasing Card (P-Card) Cardholder Application

Instructions

Must complete both pages of this form. The completed and signed form must be scanned and emailed to AFIS.Operations@azdoa.gov. The completed and signed original is to be retained at the agency.

Applicant Information

Must use Legal name.

First Name		Middle Name		Last Name	
Work Email		Office Phone		EIN	
Agency Name		Unit			

Billing Address

Attention			
Address Line 1			
Address Line 2			
City			
State		Zip	

Agency Authorization – Card Limits and Signatures

Credit Limit Amount		The agency (if so authorized) has already opened this card
		Yes
Single Purchase Limit (If Applicable)		No

I have read the Cardholder Agreement on the reverse side of this form and agree, to the extent practicable, to enforce its terms and conditions with respect to the applicant.

Initial Approving Official

Signature		EIN		Date	
Name		Title		Phone	

Additional Approving Official

Signature		EIN		Date	
Name		Title		Phone	

GAO USE ONLY – Banking Information

Bank		Company	
Agent		Managing Account Name	

State of Arizona Purchasing Card (P-Card) Cardholder Agreement

I, _____ understand and agree that,

1. I hereby authorize my agency to provide the State P-Card Contractor (SPCC) with my social security number (SSN) and other personally identifiable information (PII). The SPCC will use my SSN for the purpose of determining whether to issue me a P-Card; the SPCC may use other PII to comply with the requirements of the Office of Foreign Assets Control (OFAC). My cooperation with these requests is voluntary; I understand, however, failure to authorize disclosure of my SSN and other PII will result in the SPCC's refusing to issue me a P-Card.
2. The P-Card (Payment and Purchase Card) is available only to employees or card custodians authorized by agency management to be assigned cards.
3. I am being delegated the authority to purchase or make payments on behalf of the State of Arizona using the P-Card. The P-Card is to be used solely for authorized purchases incurred or payments made for a valid public purpose while conducting State business.
4. The P-Card will be used for approved purchases or payments only. All purchases must be made in accordance with applicable laws and regulations, including, but not limited, to the Arizona Procurement Code, applicable State of Arizona Statutes, the Arizona Administrative Code, P-Card Policies and Procedures promulgated by the General Accounting Office (GAO) of the State of Arizona, and my agency's P-Card Policies and Procedures.
5. My failure to follow established procedures may result in disciplinary action against me, including suspension, termination of employment, and/or criminal prosecution.
6. I will not use the P-Card to purchase or pay for any travel expenses.
7. ATM cash advances and the purchase of traveler's checks and/or other negotiable instruments are prohibited.
8. I will not charge any personal purchases to this card for either myself or others.
9. P-Card privileges may be canceled or revoked at any time, without prior notice, for any reason by agency management, the State Procurement Office (SPO) or the GAO.
10. I will return the card immediately upon suspension and/or termination and/or other separation from State service (including retirement) and/or upon reassignment to another agency or cost center. I will return the card immediately upon request of my supervisor, agency management, the SPO or the GAO and I understand that disciplinary actions may apply for failure to do so.
11. I am responsible for complying with the agency P-Card policies, procedures and practices established by my agency, the SPO and the GAO.
12. If the P-Card is lost or stolen, I will immediately notify my Agency P-Card Administrator or the SPCC if my Agency PCard Administrator is not available.

I have received, read and do understand and agree to comply with the State P-Card Policy and, as applicable, my agency's P-Card policy, procedures and practices and have received P-Card training. I hereby authorize the State to deduct from my payroll check (and from any other payments due me) an amount equal to the greater of my P-Card limit or the amount of any unauthorized purchases made on the P-Card issued to me and/or to withhold the amount of my P-Card limit if I fail to return the P-Card upon separation from State employment.

Employee

Signature		EIN		Date	
Name	Title			Phone	