



**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

New Account

Reissue Replacement Card

Update Account Information

Emergency Card Replacement

Authorization Override

Change Authorization Strategy

Lost/Stolen Replacement Card

Change Account Address

Change Control Account

Office of Purchasing, Travel and Fleet Management's Use

Emailed: Yes No

Authorization Strategy No. *Reporting Levels/Agency No.*

Procurement Card Administrator *Date*

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 _____

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

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 _____