



DHS-DCFS Procurement Card Application-Agreement
Arkansas Department of Human Services / Office of State Procurement

If you have any Accounts Payable duties or functions, a Purchasing Card will not be issued.

Section A – Employee Applicant Information *Required Fields				
Last Name*	First Name*	Middle Initial	Last 4 Digits of SS Number*	AASIS Personnel Number*
Business Mailing Address* PO Box 1437 / Mail Slot S561				
City*	State	ZIP Code*		
Little Rock	AR	72203-1437		
Area Code - Business Telephone*	Email Address*		Scheduled Date	
Special Embossing on Card (if applicable) DHS/DCFS			Tax Exemption number N/A	

Section B - Agency Accounting Information					
<i>This section is to be completed by an authorized Agency Program Liaison. *Required Fields</i>					
Agent –4 digits 1358	Company – 5 digits 31157	Division (if applicable) – 5 digits 00250	Department (if applicable) 4 digits		
Managing Account Name* Department of Human Services		Managing Account Number 16 digits* 4246044555601776			
Agency Business Area* 0710	Default Cost Center* 417310	Default General Ledger 5020007000	Default Internal Order* HG1X00XX	WBS Element	Funds Res#
*Monthly Requested Limit (limits >\$10000, requires additional approval) \$ 5,000.00			*Single Purchase Limit (limits >\$5000 requires additional approval) \$ 1,000.00		

Section C – Employee Understanding/Signature *Required Signatures			
Employee Applicant requests that he/she be issued a U.S. Bank Visa Purchase Card. In consideration of this issuance and the use of the U.S. Bank P-Card, the Employee Applicant and State agree to be bound by the U.S. Bank Cardholder Agreement accompanying the card, as amended by U.S. Bank from time to time, for all charges incurred by the use of the card or the related account. Creditor is U.S. Bank National Association ND.			
I, the undersigned cardholder, understand that this card is to be used for official state purchases pursuant to State Purchasing Regulations found at http://www.dfa.arkansas.gov/offices/procurement/Documents/lawsRegs.pdf , policies found in the Purchasing Card Policy and Procedure Manual, and agency purchasing regulations. The State is liable and responsible for payment of the U.S. Bank invoice in full. As a cardholder, I agree to make no personal charges on the card. I further understand that if I abuse this privilege, my card may be cancelled by my issuing state entity or the Office of State Procurement.			
*Employee Signature:		Date:	
*Liaison Name:		*Liaison Signature	Date:
*Approving Manager Name:		Date:	
*Approving Manager Signature:		Date:	

Section D –Exception -Credit Limit Required Signatures			
<i>Credit Limits \$10,001-\$24,999, Requires Approval from the Agency CFO or Procurement Manager or Dept. Chair of College/ University</i>			
Print Name:	Title:	Date:	
Signature:			
<i>Credit limits of \$25,000 and above, Requires Approval from the Agency Director or Chair of Board/Commission or Dean of College / University</i>			
Print Name:	Title:	Date:	
Signature:			

DFA CREDIT CARD SECTION USE ONLY:			
Card Number	Signature	Date	

**State of Arkansas
Purchasing Card Agreement Form**

Printed Name: _____

Business Area: **0710** _____

Agency: **Department of Human Services** _____

As an authorized and approved Arkansas Purchasing Cardholder, I fully understand agree to the following terms and conditions regarding the use and safekeeping of the credit card(s) and/or account number (s) entrusted to me:

1. I hereby acknowledge receipt of training and policy procedures.
2. I acknowledge that I do not have any accounts payable duties or functions; and that if I do my card privileges may be revoked.
3. Accept full personal responsibility for the safekeeping of the Purchasing Card and/or account number assigned to me and that absolutely no one, other than me, has authority to use the card and/or account number assigned to me or make charges on the card and/or account.
4. Will be making financial commitments on behalf of the State of Arkansas and will always endeavor to obtain fair and reasonable prices.
5. Will not use the Purchasing Card and/or account numbers for non-state official business, unauthorized, or personal purchases. If such charges occur I may be required to reimburse the State not the bank for all incurred charges and any fees related to the collection of those charges and do all such other things to remedy the situation.
6. Will immediately report the theft or loss of the Purchasing Card and/or account number to, US Bank by phone at 1-800-344-5696 and my Agency Purchasing Card Liaison. Failure to notify the appropriate authority of the immediate theft, loss, or the misplacement of the Purchasing Card and/or Account Number will make me personally responsible for any fraudulent or unauthorized use.
7. Will surrender my Purchase Card and/or account number upon (a) my termination of employment with the State of Arkansas, or (b) retirement, or (c) transfer to another agency within the state, or (d) my supervisor or the OSP Credit Card Manager request to surrender my card(s).
8. Understand that I am responsible for obtaining all original detail receipts and submit them in accordance with my agencies policies and the Arkansas Purchasing Card Program's policies and procedures.

I understand that failure to follow any of the above listed terms and conditions or if found to have misused the Purchasing Card in any manner may result in (a) revocations of the privilege to use the card, (b) disciplinary action, (c) termination of employment, and/or criminal charges being filed with the appropriate authority. I hereby accept the above terms and conditions.

❖ This agreement includes all future types of accounts as a cardholder and/or account custodian.

Employee Signature

Date Signed

DCFS Purchasing Card Liaison

Mary Baker (501) 682-8846

Comments and Instructions
