

**TEXAS A&M INTERNATIONAL UNIVERSITY
PROCUREMENT CARD CARDHOLDER
APPLICATION/APPROVAL FORM**

Applicant's Name _____ Date of Birth _____

Department Name _____ Bldg/Room# _____

Department's FAMIS Code: (Four alpha characters) _____

Work Number: _____ E-mail _____

Home Phone Number: _____ SSN # _____

Mother's Maiden Name: _____ UIN _____

I understand that I must attend a training class and agree to follow the procedures set forth in the Cardholder's Purchasing Guide. I further agree to adhere to the departmental delegated authority guidelines and to sign the Cardholder Purchasing Card Agreement before a Purchasing Card will be issued. Upon the issuance of card, I understand that the improper use of this card may result in disciplinary action, up to and including termination of my employment.

Applicant's Name (Print/Type)

Applicant's Signature

Date

I hereby approve the applicant named above for issuance of a Texas A&M International University Procurement Card. I agree that the account used will have funds sufficient to pay any and all charges made by this individual. I have assigned the duty to assure monthly reconciliation of all statements will be done as required and all documentation retained. I understand that improper use of this card by this individual may result in disciplinary action, up to and including termination of the applicant's employment.

Department Head/Supervisor (Print/Type)

Department Head/Supervisor's Signature

Date

Vice President Signature

Date

Procurement Card Program Administrator

Date