



**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 \_\_\_\_\_

2<sup>nd</sup> 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 \_\_\_\_\_