Non – Concur PURCHASING CARD APPLICATION

Arkansas Shared Administrative Services – Office of State Procurement

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

Section A – Applicant Information Please Print Legibly *Required Fields

Last Name*	First Name*	Middle Initial	Personnel Number*

Business Mailing Address*	City*	State AR	ZIP Code*

Area Code - Business Telephone*	Email Address*	Does Applicant already have a card or access? ◯ Yes ◯ No

Special Embossing on Card (if applicable)	Does applicant have Accounts Payable roles? If so, applicant cannot be a cardholder* ◯ Yes ◯ No

Section B - Agency Accounting Information

This section is to be completed by an authorized Agency Program Liaison. *Required Fields

Agent –4 digits *	Company – 5 digits *	Division (if applicable) – 5 digits	Department (if applicable) 4 digits

Managing Account Name*	Managing Account Number 16 digits*

Business Area*	Default Cost Center*	Default General Ledger	Default Internal Order	WBS Element	Fund*
		5100030555			

Monthly Requested Limit (Limits > $20,000 require additional approval) *	Single Purchase Limit (If monthly purchase limit > $20,000 we recommend single purchase limit of < $20,000) *

Section C – Employee Understanding/Signature *Required Signatures

Employee applicant requests that he/she be issued US Bank Visa Purchasing Card. In consideration of this issuance and the use of US Bank Purchasing Card, the employee applicant and State agree to be bound by the US Bank Cardholder Agreement accompanying the card, as amended by US Bank from time to time, for all charges incurred using the card or the related account. Creditor is US Bank National Association ND.

I, the undersigned cardholder, understand that this account is to be used for **official state purchases** pursuant to State Purchasing Regulations found at https://www.dfa.arkansas.gov/office/travel-portal/credit-cards/ polices found in the Purchasing Card Policy and Procedure manual, and agency purchasing regulations. The State is liable and responsible for payment of the bill in full each month. 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:	*Approving Manager Signature:	*Date:

Section D –Exception -Credit Limit Required Signatures

Credit Limits $20,001 and above require approval from either the Agency Director, Chair if Board/Commission, or Dean if College/University

*Print Name:	*Title:	*Date:
*Signature:		

SAS CREDIT CARD SECTION USE ONLY	
Signature:	Date:

Revised 7/9/2026

State of Arkansas

Purchasing Card Agreement Form

Printed Name:_________________________________Agency: ______________________________________

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 have or will receive training on the Purchasing Card policy and 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. I accept full personal responsibility for the safekeeping of the Purchasing Card(s) assigned to me and that absolutely no one, other than me, has authority to use the card(s) assigned to me or make charges on the card(s).
4. I acknowledge I will be making financial commitments on behalf of the State of Arkansas and will always endeavor to obtain fair and reasonable prices.
5. I agree to use the Purchasing Card(s) strictly for authorized, official state business. Personal or unauthorized purchases are prohibited. If any unauthorized charges occur, I am responsible for reimbursing the State of Arkansas (rather than the bank) for the amount, plus any associated collection fees, and taking all necessary steps to resolve the issue.
6. I 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 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. I 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 requests surrender of my card(s).
8. I understand that I am responsible for obtaining all original detail receipts and submitting them in accordance with my agency's 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: ________________________________