

Section 11.0: Definitions

Agency Contract: A legal and binding instrument between the state agency and a vendor to provide goods or services that are not on a statewide contract.

University Purchasing Card Coordinator: The individual designated by Marshall University to administer the Purchasing Card Program within the University.

Auditor's Office: West Virginia State Auditor's Office.

Card Delegation: The practice of allowing an individual other than the cardholder whose name appears on the front of the purchasing card to have access to the card or card number to initiate or complete a transaction.

Cardholder: Individual responsible for and named on the purchasing card.

Cardholder Account Number: The individual account number assigned to each State of West Virginia Purchasing Card.

Cardholder Agreement Form: A form signed by the cardholder that acknowledges that the cardholder has had adequate training, understands the *Purchasing Card Policies and Procedures*, and accepts responsibility for compliance with all policies and procedures.

Cardholder Application Form: A form that initiates the card issuance process.

Chief Fiscal Officer: The chief financial executive of Marshall University.

Collusion: A secret agreement between two or more parties for fraudulent, illegal, or deceitful purposes.

Disputed Item: Any transaction that was not authorized by the individual cardholder.

Financial Institution: The entity providing purchasing card services to the State of West Virginia.

Goods: Materials, supplies, commodities, equipment, and any other articles or items used by or furnished to an agency.

Hospitality: Food, nonalcoholic beverages, and related expenses for the reception of guests by a spending unit for a specific event or function relating to conducting University business.

Individual Statement: A list of transactions received monthly by the cardholder indicating all activity against an individual card.

Master Billing Account Number: The master account number assigned to Marshall University for billing purposes.

Master Statement: A list of transactions received monthly by the University coordinator indicating all activity on each individual card that rolls up to the University's master account number.

Official University Use: Payments made by a cardholder on behalf of Marshall University as permitted by law and policies and procedures.

Purchasing Card (Card): A credit card issued in the name of an individual employee of Marshall University for official University use.

Receipt: An itemized document indicating the price per item and the total amount charged in a transaction.

Statewide Contract: A legal and binding instrument between the state and a vendor(s) used by all state agencies to purchase frequently used goods and services.

Stringing: The intentional manipulation of the ordering, billing, or payment process in order to circumvent the transaction limit.

Transaction: One swipe of the purchasing card.

Transaction Limit: The maximum amount permitted by law for a single transaction.

Vendor: The supplier of goods or services to Marshall University.

Utilities: Electric, natural gas, heating oil, television cable, water, sewer, garbage collection, and similar services.

Utilities Card: A purchasing card issued for the sole purpose of paying utility bills.

State of West Virginia Purchasing Card Application

The Cardholder and the Agency Coordinator must complete this form.
The below state agency and applicant agrees to be bound by the terms
of the Purchasing Cardholder Agreement.
(Please Print or Type)

Fims Org. # 0471

State Agency Name: Marshall University

Agency Master Account Number: 4715-8101-4000-0001

Cardholder Name: _____

Cardholder Address: _____

Cardholder Signature: _____

Telephone Number _____ Cardholder SSN# _____

First Line Embossing
Cardholder Name: _____ Identifier: _____
(16 Characters) (4 digit Orgn. No.)

Second Line Embossing
Agency Name: Marshall University Tax #: 556000842
**(Agency Identifier)

Credit Limit: \$ _____ Single Transaction Limit: \$ 1,000

Number of Daily Transactions: # _____ Number Monthly Transactions: # _____

Spending Unit Authorization Signature: _____

Agency Coordinator Signature: Kelley L. Smith

Agency Coordinator Telephone Number: (304) 696-6520 Fax Number: (304)-696-3289

State Purchasing Card
Administrator: _____ Date _____

Send original signed form to: **Agency Card Coordinator*****

- * The optional identifier is a field that can be used for any alphanumeric designation the agency may desire.
- ** The agency identifier is the acronym assigned to the agency for the purpose of the Purchasing Card Program.
- *** Agency coordinator will forward this application to the State Auditor's Office, Purchasing Card Program for processing.

Building 1, Room W 502
Charleston, WV 25305
Fax: (304) 558-4153

STATE OF WEST VIRGINIA PURCHASING CARDHOLDER AGREEMENT

This agreement outlines the responsibilities I have as a holder of the State of West Virginia Purchasing Card (Cardholder). My signature indicates I have read and understand these responsibilities and that I agree to adhere to West Virginia Code §12-3-10a and rules promulgated thereunder, to the State Purchasing Card Policies and Procedures, and any applicable purchasing guidelines.

- 1) I understand that the Purchasing Card is solely for official business of the State of West Virginia, intended to facilitate the payment of goods and services for the conduct of state business within applicable activity limits and is not for my personal use.
- 2) I understand that use of the Purchasing Card for payments not authorized within the State Purchasing Card Policies and Procedures will be considered misuse of the Purchasing Card and will be grounds for (a) immediate forfeiture of the Purchasing Card, (b) disciplinary action which may include termination of my employment and (c) conviction of a felony. I understand that I am personally liable for any payments not authorized by the spending unit and permitted within the State Purchasing Card Policies and Procedures.
- 3) I understand that all charges will be billed directly to and paid directly by the State of West Virginia and that Branch Banking and Trust (BB&T) cannot accept payment from me directly.
- 4) I understand that the Purchasing Card is issued in my name and I am responsible for all charges made against it.
- 5) I will safeguard the Purchasing Card with appropriate security from the time I receive the card until it is surrendered to the appropriate person with the State of West Virginia. If the Purchasing Card is lost or stolen, I agree to notify Branch Banking and Trust (BB&T) immediately at **1-800-VISA911 and the State Auditor's Office, Purchasing Card Program at 304-558-2251.**
- 6) I agree to follow West Virginia State Law, purchasing guidelines of my employing agency, and established Purchasing Card Policies and Procedures.
- 7) I understand that the Purchasing Card must be surrendered upon request and/or upon my termination of employment from the State of West Virginia.
- 8) I have received appropriate training and understand West Virginia Code §12-3-10a and the Purchasing Card Policies and Procedures.
- 9) I agree that, should I violate the terms of the Purchasing Cardholder Agreement, I will reimburse the State of West Virginia for all charges improperly authorized by me to the Purchasing Card and all costs incurred by the State of West Virginia related to the collection of such charges.

*Cardholder Signature: _____ Date: _____

Cardholder
Name: (Please print) _____

Agency Name: Marshall University

Agency Organization Number: 0471

**Agency Coordinator's Signature: Kelley L. Smith

***Cardholder must sign and forward this form prior to issuance of a purchasing card.**

****Agency Coordinator will forward a copy of this form to the State Auditor's Office, Purchasing Card Program.**

STATE OF WEST VIRGINIA PURCHASE CARD MAINTENANCE FORM

(Please print or type information)

Agency Name Marshall University

Agency Master Account Number 4715-8101-4000-0001

Cardholder Name _____

Cardholder Account Number _____

Cardholder Telephone Number _____

Cardholder Name Change

Name as it currently appears _____

Name, as it should appear _____

Signature of new name _____

Cardholder Address Change

Current Address _____ New Address _____

Cancellation or Credit Limit Adjustment

For lost or stolen cards, please contact BB&T at 1-800-396-1253 or 1-800-VISA-911

Lost _____ Stolen _____ Cancellation _____

Other _____

Individual Credit Line Increase from: \$ _____ To: \$ _____

Individual Credit Line Decrease from: \$ _____ To: \$ _____

Agency Credit Line Increase from: \$ _____ To: \$ _____

Individual Transaction Limit Increase
Or Decrease from: \$ _____ To: \$ _____

**The Cardholder and Agency Program Coordinator must sign this form.
The State Program Administrator must approve this form**

Cardholder Signature _____ Date _____

Agency Program Coordinator Signature _____ Date _____

State Program Administrator Signature _____ Date _____

Forward this maintenance form to:
WV State Auditor's Office,
Purchasing Card Program, Building 1, Room W-502
Charleston, WV 25305
Fax: (304) 558-4153

Marshall University Account Codes FY2002 (Pcard Eligible)

70200 Office Expenses
70202 Office Expense Revolving Fund
70203 Library Photocopy
70207 Subscriptions
70210 Printing & Binding
70249 Telephone-Other
70250 Contractual & Professional
70251 Consultants & Consulting Fees
70252 Security Services
70330 Food Products
70340 Clothing & Household Supplies
70341 Recreational Supplies
70342 Home Game Expense
70350 Advertising
70351 Promotional Expense
70360 Vehicle Maintenance Expense
70360 Vehicle Operating Expense
70370 Research, Educational, & Medical
70371 Satellite Transponder Time
70372 Microwave Time
70373 Videoconference Licenses
70374 Radioactive Material
70380 Routine Maintenance Contracts
70401 Merchandise for Resale
70420 Hospitality
70430 Educational Training Stipends
70438 GIA - Tuition
70450 Farm Expense
70460 Subsistence
70510 Miscellaneous Expense
70520 Training and Development
70530 Postage and Freight
70531 Office Expense-Postage
70540 Computer Expenses
70580 Misc. Equip. less than \$1,000
70610 Office/Communication Equip Repairs
70620 Research & Educational Equip Repair
70630 Household/Bldg Equipment Repairs
70640 Routine Maintenance Buildings
70650 Vehicle Repairs
70660 Routine Maintenance of Grounds
70670 Farm & Construction Equip Repairs
70680 Other Repairs & Alterations

Policy Statement 35 to go here

Appendix 9

Revised September 2001

West Virginia State Auditor's Office Purchasing Card Dispute Form

Instructions: Please complete and return form to the West Virginia State Auditor's Office, Purchasing Card Program, Building 1, W-502, Charleston, WV 25305. Please Print or Type Information.

1. Cardholder Name:	2. Agency:
3. Mailing Address:	4. Work Number and Extension
5. Email Address:	5. Account Number:
6. Reference Number:	6. Transaction Date:
8. Posting Date:	9. Amount:
10. Merchant Name:	
11. Signature:	12. Date:

13. Indicate the reason for disputing the above item:

- I did not nor did I authorize use my purchasing card to make the charge listed above nor have I benefited from the purchase. (If you do not recognize a sale, choose this option).
- The transaction above appears more than once on my statement. I certify that only one transaction occurred.
- I acknowledge participation in at least one transaction at the above-mentioned merchant location; however, I did not engage in and did not authorize the transaction in question. I certify that the signature appearing on the disputed sales draft is not mine.
- The signature on the sales slip is not mine and I did not make or authorize this transaction. My West Virginia State Purchasing Card was in my possession and control at the time the transaction was made.
- I was issued a credit slip that was not shown on my statement. A copy of the credit slip is enclosed.
- I have not received the merchandise, which was to have been shipped to me. The expected date of delivery was _____. I contacted the merchant on _____ and the merchant's response was _____.
- Merchandise that was shipped to me has arrived damaged and/or defective. I returned it on _____ and asked the merchant to credit my purchasing card account. (Please provide date merchandise was returned and a copy of the return receipt).
- I have (circle one) returned/canceled merchandise on _____ for the following reason: _____ and have not received credit. (Please provide credit slip, proof of refund or postal receipt)
- I authorized a transaction at the above listed merchant location; however, the amount of the charge billed differs from the amount of the charge on my sales slip. (Please provide a copy of the sales draft that reflects the correct charge).
- Other. Please attach a letter describing the dispute.

