

### One Card Application and Agreement

**Instructions:** to receive a new card, print this form and forward completed application with required signatures to Supply Chain at [OneCard@umsystem.edu](mailto:OneCard@umsystem.edu) MUHC send to [SolomonV@health.missouri.edu](mailto:SolomonV@health.missouri.edu)

#### Select Campus

Columbia   
  System   
  Kansas City   
  Missouri S&T   
  St. Louis   
  MUHC

#### Cardholder Information – To be completed by Cardholder

Last Name \_\_\_\_\_ (Maximum 11 characters)   
 First Name \_\_\_\_\_ (Maximum 10 characters)   
 Middle Initial \_\_\_\_\_

Department Name \_\_\_\_\_  
 (Maximum 21 characters – will be embossed on card)

Business Street Address \_\_\_\_\_

Business Bldg. & Room Number \_\_\_\_\_

City \_\_\_\_\_ (Maximum 25 characters)   
 State \_\_\_\_\_ (2 Character State Code)   
 Zip Code \_\_\_\_\_ (Use 9 digit Zip Code)

Business Phone \_\_\_\_\_   
 Email \_\_\_\_\_

Empl ID \_\_\_\_\_   
 Mother's Maiden Name or Password \_\_\_\_\_ (Maximum 10 / No Special Characters)   
 Date of Birth (MM/DD/YY) \_\_\_\_\_

#### Information Required by Office of Foreign Asset Control

Home Address \_\_\_\_\_  
 (Maximum 25 Characters)

City \_\_\_\_\_ (Maximum 25 Characters)   
 State \_\_\_\_\_ (2 character State Code)   
 Zip Code \_\_\_\_\_ (Use 9 digit Zip Code)

Home Phone \_\_\_\_\_   
 Country of Citizenship \_\_\_\_\_

#### Cardholder Controls – To be completed by Cardholder or Approving Official

Approving Official Name: \_\_\_\_\_

Approving Official Title: \_\_\_\_\_

5 Digit MoCode \_\_\_\_\_   
 6 Digit PS Account \_\_\_\_\_

#### Card Controls

##### Check appropriate category for One Card Options:

Purchasing Only (  )   
 Purchasing + Travel (  )   
 Travel Only (  )

**Enter limits for this cardholder for Purchasing and/or Travel based on Category selected above.**  
***Do Not Complete for MUHC – Card Limits assigned by MUHC Controller's Office***

	Purchasing	Travel
<b>Category Single Purchase Limit</b> – Not to exceed \$5,000.	\$	\$
<b>Category Billing Cycle Limit</b> - Not to exceed \$15,000 w/o Supply Chain Approval.	\$	\$
<b>Card Billing Cycle Limit</b> – Amount may not be less than an individual Category Billing Cycle limit and may not exceed the Purchasing & Travel Billing Cycle limits combined		\$

## One Card Agreement

If a card is lost or stolen, it is the Cardholder's responsibility to notify JP Morgan at 1-800-270-7760 and the One Card Program Administrator in the Supply Chain Office **immediately**. Under these circumstances, the cardholder's department/administrative unit is responsible for payment of all charges made on the lost or stolen card up to \$1,000. It is the Cardholder's responsibility to be aware of any prior arrangement with the department/administrative unit whereby Cardholder is required to personally reimburse the department/administrative unit for a portion of such charges.

Otherwise, the Cardholder is responsible and will be held accountable for all charges made to the One Card. Should a Cardholder terminate employment with the University or transfer between departments, the Cardholder must return the One Card to the Department's Approving Official. Approving Official is required to reclaim and destroy the One Card and notify the One Card Program Administrator of termination, by submitting the UM One Card Cancellation Form found in Outlook, as JP Morgan must be notified within two (2) business days of termination of Cardholder's employment.

Failure to adhere to any of the above responsibilities, card policies, or the procedures detailed during training for the One Card will result in revocation of individual Cardholder privileges and may result in revocation of all department One Cards. Use of the One Card for non-University, personal purposes, excluded items, or allowing the use of the One Card by another individual may result in discipline, up to and including dismissal from employment and may in some circumstances also constitute a criminal act punishable by law.

### Cardholder

As a Cardholder, I agree to accept the responsibility and accountability for the protection and proper use of this One Card, as enumerated above. I understand and agree that the University may choose to accept repayment for non-University charges placed on the One Card, and/or may refer the matter for criminal prosecution. If non-University charges are placed on the One Card, and repayment is agreed to by the University, but is not forthcoming immediately upon request, I hereby authorize the University to deduct any non-University, personal or excluded items charged from my paycheck subject to the limits of garnishments and writs of sequestration contained in §525.030 RSMo and 15 U.S.C. §1673. Following termination of my employment at the University, I will continue to be financially responsible for and legally liable to the University for non-University, personal, or excluded items purchased on my One Card by myself or with my knowledge including any reasonable costs of collection and attorney's fees.

Cardholder Signature

Date

### Approving Official

As Department Approving Official, I take full administrative responsibility for the action of the Cardholder and I approve the limits set forth for this card request.

Approving Official Signature

Date

### College/School/Division Financial Responsible Individual – ***Do Not Complete for MUHC***

As Financial Responsible Individual for the College/School/Division, I approve this request for card and authorize the administrative responsibility and oversight of the card transactions to the listed Approving Official.

FIN Responsible Individual for C/S/D Signature

Date