

## Student 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)

### Select Campus

Columbia   
  System   
  Kansas City   
  Missouri S&T   
  St. Louis

### Student Card Information

**Card Name**

(As it will appear on Card)

\_\_\_\_\_ (Maximum 21 characters)

**Department Name**

(As it will appear on Card)

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

**Business Street**

**Address**

\_\_\_\_\_ (Maximum 25 characters)

**Business Bldg. &**

**Room No.**

\_\_\_\_\_ (Maximum 25 characters)

City \_\_\_\_\_

State \_\_\_\_\_  
(2 digit State Code)

Country USA

Zip Code \_\_\_\_\_  
(9 digit Zip Code)

Contact/Custodian: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Contact/Custodian Empl ID: \_\_\_\_\_

Email: \_\_\_\_\_

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

Approving Official's Name: \_\_\_\_\_

Approving Official's Title: \_\_\_\_\_

5 Digit MoCode \_\_\_\_\_

6 Digit PS Account \_\_\_\_\_

### Card Controls

**Check appropriate category for Card Usage and enter limits for Purchasing and/or Travel based on the selected category:**

Purchasing Only (    )

Purchasing + Travel (    )

Purchasing

Travel

Single Purchase Limit – Not to exceed \$1,000

\$

Billing Cycle Limit – Not to exceed \$5,000 w/o Supply Chain Approval

\$

## Student One Card Agreement

If a card is lost or stolen, it is the Card Custodian'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 card's department/administrative unit is responsible for payment of all charges made on the lost or stolen card up to \$1,000. Otherwise, the card's department/administrative unit is responsible and will be held accountable for all charges made to the Student One Card.

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 Student One Card privileges and may result in revocation of all department Student One Cards. Use of the Student One Card for non-University, personal purposes, excluded items, or allowing the use of the Student One Card by an unauthorized 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.

### Card Custodian

As the Custodian responsible for this Student One Card, I agree to accept the responsibility and accountability for the protection and proper use of this Student One Card, as enumerated above. If non-University charges are placed on the Student One Card, Supply Chain Operations will need to be contacted immediately. I understand and agree that the University may choose to accept repayment for non-University charges placed on the Student One Card, and/or may refer the matter for criminal prosecution.

Contact/Custodian Signature	Date
_____	_____

### Approving Official

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

Approving Official Signature	Date
_____	_____

### College/School/Division Financial Responsible Individual

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
_____	_____