

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

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)

Business Street Address

_____ (Maximum 25 characters)

Business Bldg. & Room No.

_____ (Maximum 25 characters)

City _____ State _____ Country USA Zip Code _____
(2 digit State Code) (9 digit Zip Code)

Custodial Individual cannot be the same as the signing Approving Official

Custodial Individual: _____

Custodial Individual's EMPL ID: _____ Phone: () _____

Custodial Individual Email: _____

Cardholder Controls – To be completed by Custodian or FIN Structure Responsible Individual

Chartfield String to be used on Student Card's Travel & Expense Profile

Fund _____ Program _____ Class _____ Project _____ Dept ID _____

Card Controls

Check appropriate category for One Card Options:

Purchasing Only ()

Purchasing + Travel ()

Enter limits for this student card for Purchasing and/or Travel based on the Category selected above

	Purchasing	Travel
Category Single Purchase Limit - Not to exceed \$1,000 w/o Supply Chain Approval	\$	\$
Category Monthly Cycle Limit – Not to exceed \$5,000 w/o Supply Chain Approval.	\$	\$
Card Monthly Cycle Limit – Amount may not be less than an individual Category Billing Cycle Limit and may not exceed the Purchasing & Travel Cycle limits combined		\$

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/Custodial Individual

As the Contact/Custodial Individual, I take full responsibility of following the Student One Card Policy and Procedures. I acknowledge my Employee ID is associated to this Student One Card.

Contact/Custodian Individual 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 Custodian.

Financially Responsible Individual for C/S/D Signature	Date
_____	_____