

**PURCHASING CARD  
POLICIES & PROCEDURES  
Finance and Administration**

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**PURCHASING CARD  
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**1. INTRODUCTION**

The Morehouse School of Medicine Purchasing Card is intended to serve an important role in the acquisition process. It is a valuable tool for quickly and efficiently purchasing **expendable goods and services valued at \$1,500 or less**. The purpose of this manual is to provide instructions pertaining to the issuance and use of the Purchasing Card along with instructions for reconciliation and review or transactions.

**2. GENERAL INSTRUCTIONS - DEFINITIONS**

**Small Dollar Purchases** - A single purchase, which in aggregate, costs less than \$1,500.

**Department Head** - Vice President, Dean, Director, Department Chairperson or Administrators/Manager with budget authority.

**Employee Application** - The MSM Purchasing Card, Cardholder application.

**Cardholder Agreement Form** - The Employee Agreement for MSM Purchasing Card.

**Cardholder** - Employee who has been issued a Purchasing Card.

**Card Issuer** – SunTrust, the bank issuing MSM's Purchasing Card.

**Key Contacts** - Individuals responsible for the program who are available to answer specific questions pertaining to use of the card program

**Standard Industrial Code (SIC)** - This is a code assigned to each merchant participating in the program identifying the product or service provided by the merchant.

**Purchasing Card Administrator** - Individual responsible for issuance of the Purchasing Card and other facets of the MSM Purchasing Card Program

**ESP Software** - Software provided by Card Issuer and used to review transactions and change account numbers as noted in Section 5.

Note: Database management of ESP Software will take place daily, usually at times in early morning or late in the evening.

**Purchasing Card Coordinator** – A person designated by the Department Head to review purchasing card transactions within the department. The authorized approver may review charges for one or multiple cardholders.

**3. ISSUANCE OF PURCHASING CARDS**

**3.1 Authorization**

Department Heads must determine those employees to whom they delegate purchasing authority for small dollar purchases utilizing a Purchasing Card. The employee must complete the card holder application. The Department Head will determine cardholder spending limits, cost allocation accounts/information, and sign to approve the cardholder.

**3.2 Issuance of Cards**

The MSM Purchasing Card Administrator will ensure that all new cardholders are trained and Employee Agreement Forms are signed prior to issuing all cards to the employee. Direct delivery of the card by the Card Issuer is not permitted. Replacement cards will be requested from the Purchasing Card Administrator.

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### **3.3 Card Activation**

In order to activate the card, the 800 number on the card should be called. The voice response unit at this number will ask for the cardholder's account number, followed by a request for a security code. The security code will be the last 4 digits of the cardholder's social security number. Once entered, the Voice Response Unit will give confirmation that the card has been successfully activated.

## **4. Card Limits and Restrictions**

Since MSM, not the individual employee will pay for the purchases made with the Purchasing Card, additional authorization controls have been added to the card accounts. These controls are encoded on the magnetic strip on the back of each card.

### **4.1 Tax Exempt Status**

Morehouse School of Medicine is authorized to purchase tangible personal property and services to be used exclusively for educational purposes without payment of Georgia Sales and Use Tax. Purchasing Cardholders are responsible for asking for this tax exemption when purchases are made. A copy of the MSM state tax exemption letter is on the Finance web site.

### **4.2 Cardholder Spending Limits**

The Purchasing Card may be used to make expendable supply purchases which in aggregate do not exceed \$1,500. Under no circumstances is it permissible to split up large purchases into a series of smaller ones in order to avoid following the established purchasing limits.

As indicated above, the Department Head may identify further limits. These will be identified on the cardholder application and the cardholder should review the request to be aware of the limits. Five spending and transaction limits are assigned not to exceed the following:

- A. Dollar amount limit per transaction - \$1,500.00
- B. Dollar amount limit per day - \$5,000.00
- C. Dollar amount limit per month – \$10,000.00
- D. Number of transactions limit per day – ten
- E. Number of transaction limit per month - eighty

Larger amounts require approval by the Purchasing Card Administrator

### **4.3 Merchant Restrictions**

SunTrust assigns a Standard Industrial Classification (SIC) code to each merchant participating in the program. The SIC identifies the product or service provided by the merchant. MSM has reviewed the major SIC codes and has placed restrictions on certain business types. MSM has, as an example, deleted the travel and entertainment companies from the program. The department head may place additional restrictions on a card.

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#### **4.4 Policy Restrictions**

In addition to the SIC controls imposed by card issuer at the point of sale, MSM policy restrict use of the purchasing card for the following items or services:

|   |                                  |
|---|----------------------------------|
| Any other restrictions not allowable on | Capital Equipment &              |
| Grants & Contracts                      | Inventory Equipment < \$1,000    |
| Animals                                 | Weapons and Ammunition           |
| Radio Active Materials                  | Employee – Relocation Expenses   |
| Prescription Drugs                      | Purchases for Personal Use       |
| Alcoholic Beverages                     | Purchases > \$1,500              |
| Payments to Individuals,                | Chemicals requiring EHS approval |
| Consultants, Employees & Students       | Cell Phones                      |
| Gift Cards                              | Contracted Services              |
| Computer Equipment                      |                                  |

#### **5. GENERAL LEDGER ALLOCATION**

Each card issued will be assigned a general ledger account number identified by the Department Head on the card holder application.

#### **6. EMPLOYEE AGREEMENT FORM**

The final step to issuance of a purchasing card is the signing of the Employee Agreement Form by the employee and approval by the Department Head. By signing the form, the employee acknowledges:

- A. Receipt and understanding of the rules and regulations for use and protection of the purchasing card.
- B. Understanding of responsibilities in reconciliation process and billing disputes.
- C. Understanding and acceptance of consequences for purchasing card infractions.

#### **7. CARDHOLDER RESPONSIBILITIES**

When accepting the Purchasing Card, the cardholder becomes an authorized purchaser of MSM and has certain responsibilities for expending public funds as follows:

##### **7.1 Prudent expenditure of Resources.**

A. Cardholders must be prudent when expending funds. By utilizing lowest price based on requirements, quality, and availability to obtain the maximum value of each dollar expended.

B. When possible ARCHE Group vendors and those offering educational discounts and/or government rates will be utilized.

##### **7.2 Protection of Card**

Cardholder must protect the security of his/her Purchasing Card and Purchasing Card number.

Cardholder must notify SunTrust and the Purchasing Card Administrator immediately by calling

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1-800-847-2911 if the card is lost or stolen.

Purchasing Cards can only be re-issued by the P Card Administrator once notified by the Purchasing Card Coordinator.

**7.2 Conflict of Interest**

A. Cardholder must not make P Card Purchases when there is a conflict of interest as outlined on in section 01-10-35:00 in the Morehouse School of Medicine Policy and Procedure handbook. Cardholders have a duty of undivided loyalty to the School and shall not take advantage of their position with the School or the knowledge gained for personal or private gain or other personal advantage, either for themselves, any member of their immediate families, or any other person in whom they have an interest, whether personal or financial and whether direct or indirect.

B. Cardholders must not accept any gifts or gratuity from any source when it is offered, or appears to be offered, to influence your decision-making regarding P Card Purchases.

**7.3 Limitations on What May be Purchased**

Cardholder accepts responsibility to ensure prohibited items, as outlined in Section 4, are not obtained with the Purchasing Card.

**8. USING THE PURCHASING CARD - MAKING THE PURCHASE**

The Purchasing Card can be used to make purchases over the counter, by mail, or by telephone. The following procedure should be followed for all purchases with the Purchasing Card:

**8.1 Decision to Buy**

When making the decision to buy, the cardholder should:

First review MSM's current list of preferred vendors. If the required item is under contract the cardholder should use this source of supply to satisfy the requirement. If the item is not available under an existing supply contract you may utilize a known source of supply or contact a purchasing staff member for assistance in locating one. In all cases you should make sure that the price paid is fair, reasonable and competitive within the Atlanta market.

**8.2 Making the Purchase – Over the Counter**

Verify that the supplier accepts the Purchasing Card (Visa card) as a means of payment. (Note: If the supplier does not accept the card and you will need this source for future purchases, please notify the Purchasing Card Administrator and arrangements will be made to add this vendor to the MSM Purchasing Card Program.)

When making a purchase please:

- A. Present the card at the sales counter
- B. Notify the sales attendant that the purchase is exempt from state and local sales taxes. If you are questioned about this, please present the merchant with the Tax Exempt Letter provided with your card.
- C. Review your sales receipt for accuracy. Make sure you have not paid sales tax and if so, please have the merchant credit the card for the amount of tax paid.

**8.3 Making the Purchase - Mail and Telephone Transactions**

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Provide suppliers with your name, card number, expiration date on the account, and your department's address.

- A. Specify that the purchase is exempt from state and local sales tax.
- B. Instruct the vendor of specific directions for delivery.
- C. Review your sales receipt for accuracy. Make sure you have not paid sales tax and if so, please have the merchant credit the card for the amount of tax paid.
- D. Ensure that vendors are responsible for all items shipped until they reach MSM otherwise the MSM insurance will not cover items lost or damaged during shipping.

**9. RETURNING PURCHASES MADE WITH PURCHASING CARD**

If you determine that the material is defective or incorrect, notify the suppliers that the item needs to be returned, request a ship to address and a return authorization number. Request that the suppliers process a credit transaction through The Purchasing Card. If keeping a Transaction Log and goods have been returned for credit; mark the transaction as "disputed" at reconciliation. Ensure that the credit appears on the next monthly statement and review the transaction in the ESP software. Facilitate monthly reconciliation through ESP. The Transaction Log should identify the cardholder, statement closing date, default account and the following information regarding each purchase.

**10. RESOLVING DISPUTES WITH SUPPLIERS**

If cardholder is charged for an item incorrectly, they should contact the suppliers and attempt to resolve the problem. Any communications should be documented and include dates, the persons invoiced, and a brief description of the problem. MSM has sixty (60) days following the billing cycle ending date to dispute the charge with Card Issuer. If the cardholder is unable to resolve the dispute with the supplier, the following steps should be taken:

- 1. If it is determined that a charge will be disputed, the dispute form on the back of the cardholder statement must be completed. The dispute form should be emailed to The Purchasing Card Administrator. The Purchasing Card Administrator would then return the completed form to The Card Issuer.
- 2. The dispute is logged with the Card Issuer and a temporary credit in the amount of the disputed transaction will be placed on the account of MSM.
- 3. If the dispute is settled in favor of MSM, the credit will remain. If the dispute is settled in the favor of The Card Issuer, a charge for the disputed amount will be placed on the next billing statement to MSM with a description of the charge beside the amount.
- 4. Cardholder should record the transaction as "disputed" on the Transaction Log and note an incorrect charge.

Cardholder should ensure that the next monthly statement reflects a correction. The correction should also be reviewed on the ESP software and the Transaction Log.

**11. RECORD KEEPING AND STATEMENT RECONCILING**

Maintaining a record of transactions within a department is a must. Upon logging the transactions attach all receipts to the transaction as a PDF file upon receipt of merchandise. Original invoices and receipts must be maintained in your office for audit purpose for seven years. Original receipts must be retained with the monthly statement in the event that an audit is requested. Faxes and e-mail notices from cardholders are not acceptable proof of payment; however they may be used to explain unusual situations.

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Departments are to establish internal procedures that require each cardholder to keep a detailed list (Transaction Log) of all charges made during each monthly billing period. A sample of the log has been provided for use in this manual. This log, if kept, will facilitate the statement reconciliation process.

All transactions for the month must be submitted for approval to the Business office by the 2<sup>nd</sup> business day of the month.

## **12. KEEPING A TRANSACTION LOG**

The monthly log of purchases is kept based on departmental requirements. Keeping a Transaction Log will assist the cardholder in keeping track of what has been purchased and facilitate reconciliation through ESP.

The Transaction Log should identify the cardholder, statement closing date and the following information regarding each purchase:

- Date of Purchase
- Vendor
- Description
- Total Amount of Transaction
- Notes (different account to charge, disputed)
- The cardholder should forward all receipts and packing slips to accounts payable.

Note: See the sample Transaction Log for your review and/or use.

## **13. APPROVING YOUR TRANSACTIONS**

To ensure billing to the correct MSM GL account number and to protect each department's account(s) from potential fraud or misuse, each transaction made using the p-card should be approved by the department head or an authorized within 48 hours of receipt.

### **13.1 AUTHORIZED APPROVERS**

The department head (the individual responsible for the account assigned to the p-card) may authorize certain individuals to access the ESP software and view (approve) transactions. These individuals may be granted or assigned the responsibility to view (approve) transactions made by some or all of the cardholders in a department. Persons eligible to approve (view) transactions for the department who are also cardholders are required to have their own monthly statements reviewed by their department head. A signed or initialed copy of the statement should be filed with the receipts mentioned in section 11.

### **13.2 VIEWING TRANSACTIONS IN ESP SOFTWARE**

If you are authorized to approve purchases made by cardholders, *please note*: You must approve (by selecting the transaction requiring sign off box in ESP) all transactions posted against your cardholder account, prior to the end of the accounting cycle as discussed in section 16. Verify these transactions against the printed statement making sure these two records are in agreement. Any non-reconciled charges may be placed in dispute, in the manner as discussed in sections 10 and 12.

Any items on log, but not appearing on the statement should be identified as billed. The receipts should be removed and placed in next month's Transaction Log.

## **14. USING THE ESP SOFTWARE**



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Before purchase information is exported to The General Ledger, the accounting division needs to check it to make sure it is accurate. You should check the transaction amount; the merchant or supplier name, check the accounting codes, and verify the tax information. You verify purchase information on the *transaction requiring review* window, found in the cardholders menu. This window displays transaction information for each of the ESP cardholders whose records you are authorized to view.

**This process should be completed with in ten (10) business days of post date for all charges.**

Once the charges have been sent to General Ledger they will not appear on your screen under *transactions requiring review*. To view old charges you must run a report on signed off transactions or a search. There are several different methods for searching, including supplier name, transaction amount, and post date.

## **15. REPORTING**

Much of the reporting in ESP is based on the company hierarchy. The reporting function of ESP contains several generic reports that will be of use to all ESP users. These are just a few of reports included in this feature. These categories are:

- Personal Reports
- Company Reports
- Transaction Search

Note: A cardholder can only generate reports on himself/herself. A Manager can generate reports on all Cardholders subordinate to him/her. Only a Manager/Administrator can generate supplier reports.

\*For more information on running reports please consult the “help” section of ESP.

## **16. CYCLE DATES AND VIEWING THE TRANSACTIONS**

While in the ESP Software, under the purchase review screen, you will see two (2) different dates recorded. One will be the actual transaction date, which is the date the vendor sent the purchase to Visa. The other is the posting date made by the ESP Software. Items that have a posting date by the 18<sup>th</sup> and viewed not later than the 1<sup>st</sup> of the following month will be posted on the previous month's report.

After reviewing current transactions on the purchasing review screen you have ten (10) calendar days from the posting date to make any changes on a purchase. (I.e. account number and any additional information).

After changes have been made, it must be viewed by highlighting the transaction and selecting the “Signoff Box” at the bottom of the page. Once the transaction has been marked as “signed off” it will be sent to the General Ledger, ten (10) days from the posting date. Any transaction not viewed after 10 days will be automatically recorded in General Ledger under the default account number.

Changes to the transaction after it has been viewed can be made, however, once the transaction has been sent to the General Ledger no further changes can be made.

## **17. LOST OR STOLEN PURCHASING CARDS**



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Cardholder must immediately contact SunTrust Financial Purchasing Card Customer Service when their card has been lost or stolen. (1-800-847-2911). Cardholder should also contact the Purchasing Card Administrator as soon as possible.

**18. RETURNING PURCHASING CARDS**

Upon termination or retirement, the card must be surrendered to the supervisor and the Purchasing Card Administrator should be informed. The card must be forward to the Purchasing Card Administrator within five business days.

**19. STATEMENT APPROVER REVIEW**

As indicated in Section 3, the Department Head will identify the statement approver for each cardholder. The approver must be familiar with the instructions. The responsibility of the reviewer is as follows:

- Review ESP Software or transaction log to verify appropriateness of items being purchased and funds being utilized.
- Identify any minor infractions as noted in Section 17 and discuss with the cardholder. (Discussion should be noted and a copy kept on file.)

**20. INFRACTIONS OF POLICY**

Infractions of rules governing use of Purchasing Card can be classified as minor or major. The action taken is dependent upon the violation at the time of occurrence.

**20.1 Infractions**

Minor infractions include;

- Purchases that is allowable with School funds but not allowable on the Purchasing Card.
- Missing reconciliation deadline of the 2<sup>nd</sup> business day of the month.
- Policy Restrictions as outlined in Section 4.4

A cardholder will receive two warnings for minor infraction. A third infraction will result in loss of card privileges.

**20.2 Major Infractions**

These infractions indicate a willful intent to disregard rules. Examples would include splitting orders to avoid \$1,500 transaction limit, making personal purchases, a repeated pattern of inappropriate or transferring purchasing card purchases on sponsored programs. The circumstances of the infractions will determine the appropriate action, which could include termination of employment.

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**21. KEY CONTACT LIST**

The following resources are available to help you with the use of the Purchasing Card, answer any questions you may have, or help solve any problems that may arise:

- 1) To cancel or report your Purchasing Card lost or stolen please call (24 hours a day):

**SunTrust Financial  
Lost/Stolen Card Service  
1-800-847-2911**

- 2) For any other Purchasing Card customer service needs, please call (8AM - 6PM Mountain Standard Time):

**SunTrust Financial Service  
Purchasing Card Customer Service  
1-800-847-2911**

To request specific assistance with use of your Purchasing Card, or to apply for a Purchasing Card, please call the Purchasing Card Program Administrator.

**Linwood Hilton  
404-752-1663**

or

**Rita Raines  
404-752-1764**

- 3) For questions about the Purchasing Card procedures or policy, please call the Purchasing Card Program:

**404-752-1663**

or

**404-752-1764**

- 4) Purchasing Card Web Site: <https://enterprisespendplatform.suntrust.com/>

# Morehouse School of Medicine Purchasing Department

## Purchasing Card Individual Cardholder Application

Please print clearly and complete all sections. **An incomplete application will not be processed.**

|   |                               |  |
|---|-------------------------------|--|
| Cardholder's Name (First, Middle Initial, Last - maximum 24 characters) |                               |  |
| Date of Birth (MMDDYY)  | Employee ID Number (5-digits) | Last 4-digits of Social Security Number<br>(for your security) |
| Department Name and Campus Mailing Address                              |                               | City, State, Zip Code  |
| E-mail Address  |                               | Business Phone (Please include Area Code)                      |
| Cardholder Signature  |                               | Date   |

| Default Account Numbers.   |  |   |  |
|--|--|---|--|
| GL Number  | Begin Date:  | End Date  | Total Budget   |
| Spending Limits. Select one of the three listed options:   |  |   |  |
| Option 1 <input type="checkbox"/><br>Monthly Spending Limit: <b>\$5,000</b><br>Single Purchase Limit: <b>\$499</b> | Option 2 <input type="checkbox"/><br>Monthly Spending Limit: <b>\$5,000</b><br>Single Purchase Limit: <b>\$1,499</b>   | Option 3 <input type="checkbox"/><br>Monthly Spending Limit: \$ _____ *<br>Single Purchase Limit: <b>\$1,500.</b><br>*Larger amounts require approval from Program Administrator) |  |
| ESP Settings. Select one of the four listed options:   |  |   |  |
| Full Access <input type="checkbox"/><br>Cardholder will View and Edit own transactions.                            | Limited Access <input type="checkbox"/><br>Cardholder will need to see transactions but is not permitted to Edit them. | No Access <input type="checkbox"/><br>Cardholder will not need access to ESP Software.  | Special Access <input type="checkbox"/><br>Cardholder will View and Edit transaction for self and other cardholders. |
| Purchase Card Coordinator<br>(Please Print Name)   | Business Phone Number<br>(Please include Area Code)  | Email Address   |  |
| Authorization.   |  |   |  |
| Approved by  |  | Approved by   |  |
| Department Administrator. (Please Print and Sign Name)   |  | Dean, Director, or Department Head. (Please Print and Sign Name)  |  |

To be completed by the Purchasing Card Program Administrator.

|   |   |
|---|---|
| Company Default Merchant Category Code (MCC) Tables<br><input type="checkbox"/> Default MCC Table | Individual Exception Merchant Category Code (MCC) Tables<br><input type="checkbox"/> Exception MCC Table Attached |
| Program Administrator (Type or print Name)<br><b>Linwood Hilton</b>                               | Business Phone Number<br><b>404-752-1663</b>  |
| Program Administrator's Signature   | Fax Number<br><b>404-752-1005</b>   |
| Date  |   |
|   |   |

**Morehouse School of Medicine Purchasing Department  
Purchasing Cardholder Agreement**

I, \_\_\_\_\_, agree to the following terms regarding use of the Morehouse School of Medicine Purchasing Card:

1. I understand that under no circumstances will I use the Purchasing Card to make personal or non-work related purchases, either for myself or for others.
2. I understand that I will not request or receive cash from suppliers as a result of exchanges or returns.
3. I understand that I am the only individual authorized to use the Purchasing Card assigned to me. It is not transferable to any other individual.
4. I understand that Morehouse School of Medicine can terminate my right to use the Purchasing Card at any time for any reason. I agree to return the card to my department administrator immediately upon request from the Purchasing Department, transfer to another department, or termination of employment.
5. I have reviewed the Purchasing Card Customer Manual and understand the procedures and requirements for using the Purchasing Card. I understand that I cannot use the Purchasing Card for the restricted commodities listed:

Travel-related expenses

Animals

Capital Equipment

Weapons/Ammunition

Payments to individuals, consultants or employees

Radioactive Materials

Controlled substances

Leases/Long-term Rentals

Employee relocation expenses

6. I further understand that improper or fraudulent use of the card may result in disciplinary action, up to and including termination of employment. I agree to allow the School to collect any amounts owed by me for improper purchases even if the School no longer employs me. Should I fail to use the Card properly I authorize the School to take whatever legal steps are necessary to collect an amount equal to the total of the improper purchases. If the School initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay all legal fees incurred by the School.

7. GL# \_\_\_\_\_ Budget Period End Date \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name (Print)

\_\_\_\_\_  
Purchasing Card Account Number (last 4 digits)

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Purchasing Card Administrator Signature

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Date

Department \_\_\_\_\_

# Morehouse School of Medicine Purchasing Department Purchasing Card Department Setup Form

DEPARTMENT \_\_\_\_\_

|                   |         |         |                |  |  |  |
|-------------------|---------|---------|----------------|--|--|--|
| BUSINESS CONTACT  |         | PHONE # | FAX #          | E-MAIL ADDRESS                               |  |  |
|                   |         |         |                |  |  |  |
| TECHNICAL CONTACT |         | PHONE # | FAX #          | E- MAIL ADDRESS                              |  |  |
|                   |         |         |                |  |  |  |
| ESP USERS         | PHONE # | FAX #   | E-MAIL ADDRESS | ESP authorization<br>View (Y/N)    Edit(Y/N) |  | Cardholders you are<br>responsible for |
|                   |         |         |                |  |  |  |
|                   |         |         |                |  |  |  |
|                   |         |         |                |  |  |  |
|                   |         |         |                |  |  |  |
|                   |         |         |                |  |  |  |
|                   |         |         |                |  |  |  |
| CARDHOLDERS       |         |         |                |  |  |  |
| 1.                | 10.     | 19.     |                |  |  |  |
| 2.                | 11.     | 20.     |                |  |  |  |
| 3.                | 12.     | 21.     |                |  |  |  |
| 4.                | 13.     | 22.     |                |  |  |  |
| 5.                | 14.     | 23.     |                |  |  |  |
| 6.                | 15.     | 24.     |                |  |  |  |
| 7.                | 16.     | 25.     |                |  |  |  |
| 8.                | 17.     | 26.     |                |  |  |  |
| 9.                | 18.     | 27.     |                |  |  |  |

## Morehouse School of Medicine Purchasing Department

## Purchasing Card Transaction Log

**CARD HOLDER NAME**\_\_\_\_\_

**MONTH** \_\_\_\_\_

[illegible]

**REMINDER: Morehouse School of Medicine IS EXEMPT FROM SALES TAX.**

## **Morehouse School of Medicine Purchasing Department Purchasing Card Supplier Non-acceptance**

Instructions: Cardholders who encounter suppliers who will not accept the MSM Purchasing Card should complete this form. This information will be used to add suppliers to the Purchasing Card Program.

Forward this form to:

**Linwood Hilton, Purchasing Director**

**720 Westview Drive, S.W.**

**Atlanta, Ga 30310**

Cardholder Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Supplier Information:

Supplier Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Would you use this supplier more often if they accepted the Purchasing Card?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Morehouse School of Medicine Purchasing Department

### Purchasing Card Missing Receipt

I, \_\_\_\_\_, have either not received or misplaced a Purchasing Card receipt totaling \$ \_\_\_\_\_. This expense was on behalf of Morehouse School of Medicine. This form is submitted in lieu of the original receipt.

|                   |       |         |       |
|-------------------|-------|---------|-------|
| Reference Number: | _____ | Date:   | _____ |
| Supplier          | _____ | Amount: | _____ |
| Items Purchased   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |
|                   | _____ |         | _____ |

I certify that the amounts shown above were expected for Morehouse School of Medicine business purposes. If charged to a grant or contract, I certify that the claimed expenses comply with the conditions of the grant or contract.

|                                   |              |
|-----------------------------------|--------------|
| _____                             | Date:_____   |
| Cardholder Signature              |              |
| _____                             | Date:_____   |
| Department Administrator/Chairman |              |
| Department Name _____             | Number:_____ |

# Morehouse School of Medicine Purchasing Department

## Purchasing Card Cancellation Request

Please print clearly and complete all sections.

|   |                          |
|---|--------------------------|
| Cardholder's Name (First, Middle Initial, Last - maximum 24 characters)                                     |                          |
| Department Name   | Last 8 Numbers on P-Card |
| Requested Cancellation Date:  |                          |
| Reason for Cancellation:  |                          |
| Terminated <input type="checkbox"/> Employee Transfer <input type="checkbox"/> Other (please explain) _____ |                          |
| _____   |                          |
| Remove from P-card List Serve   |                          |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  |                          |
| E-mail address for cancellation confirmation  |                          |
| <b>Authorization.</b>   |                          |
| Approved by   | Official use only        |
| Please Print Name   |                          |

To be completed by the Purchasing Card Program.

|                                   |      |
|-----------------------------------|------|
| Program Administrator's Signature | Date |
|-----------------------------------|------|

Please note: do not discard the purchasing card until you receive a cancellation confirmation from the Purchasing Card Program.

**Please fax to 404-752-1005 or mail to  
Purchasing Card Program  
720 Westview Drive  
Atlanta, Ga. 30310**

# Morehouse School of Medicine Purchasing Department

## Purchasing Card Individual Cardholder Change Form

Please print clearly. **All sections indicated by an \* must be completed.**

|  |                           |
|--|---------------------------|
| *Cardholder's Name (First, Middle Initial, Last - maximum 24 characters) |                           |
| * Department Name  | *Last 8 Numbers on P-Card |

**Please complete only the sections you are requesting to change.**

|   |   |
|---|---|
| Cardholder's Name (First, Middle Initial, Last – maximum 24 characters) |   |
| Department Name and Campus Mailing Address                              | City, State, Zip Code                     |
| E-mail Address  | Business Phone (Please include Area Code) |
| Cardholder Signature  | Date                                      |

### Spending Limits. Select one of the three listed options:

|   |  |
|---|--|
| <b>Monthly Spending Limit:</b><br><br>Current: _____<br>Temporary <input type="checkbox"/> Permanent <input type="checkbox"/><br>New: _____ | <b>Single Purchase Limit:</b><br><br>Current: _____<br>Temporary <input type="checkbox"/> Permanent <input type="checkbox"/><br>New: _____<br><br>Single limit may not exceed \$1499 |
|---|--|

|        |
|--------|
| Other: |
|--------|

### ESP Settings. Select one of the four listed options:

|  |   |   |   |
|--|---|---|---|
| <b>Full Access <input type="checkbox"/></b><br>Cardholder will View and Edit own transactions. | <b>Limited Access <input type="checkbox"/></b><br>Cardholder will need to see transactions but is not permitted to Edit them. | <b>No Access <input type="checkbox"/></b><br>Cardholder will not need access to ESP Software. | <b>Special Access <input type="checkbox"/></b><br>Cardholder will View and Edit transaction for self and other cardholders. |
| Department Records Manager<br>(Please Print Name)  | Business Phone Number<br>(Please include Area Code)   | Email Address   |   |

### Authorization.

|  |  |
|--|--|
| *Approved by<br><br>(Please Print and Sign Name) | Approved by <b>(Secondary signature required at the discretion of the requesting department)</b><br><br>Dean, Director, or Department Head. (Please Print and Sign Name) |
|--|--|

To be completed by the Purchasing Card Program.

|                                   |      |
|-----------------------------------|------|
| Program Administrator's Signature | Date |
|-----------------------------------|------|

|        |
|--------|
| Notes: |
|--------|