



APPLYING FOR A STUDENT ORGANIZATION PCARD

General Information

- For Assistance
 - Start with your organization's advisor. Your advisor's department likely has a Pcard accountant, who has a working knowledge of the application process and is often your best resource. If your advisor does not know the identity of the Pcard accountant, feel free to contact the Pcard office for guidance.
- Who can be a cardholder?
 - President or Treasurer of the Organization. Only one student officer may obtain a card.
 - Only one advisor per student organization may have a card.
 - The cardholder's name and the current advisor's name must be on the organization's approved signature card.
 - Cards are issued in the person's legal name. No exceptions.
 - **Only the cardholder may use the card or its 16-digit number. Sharing either may result in card revocation.**

Common Terms

- **Accountant** (aka Pcard Accountant) – A fulltime employee, often a fulltime staff member in the advisor's department, who knows what purchases are permitted or prohibited. For a full description, see Pcard Guidelines.
- **Approver** – A fulltime employee, often the advisor, who should know what the organization needs to purchase.
- **Bank of America** – The bank that issues our Pcard.
- **Pcard Guidelines** - A manual or guide available online that provides details about the Pcard program including a description of common processes and prohibited purchases.
- **Sign Off** – Mandatory action taken in the Works system by cardholders, approvers, and accountants.
- **Works** – The bank's internet-based program used to manage our credit card transactions.

Training

- The cardholder, advisor, and any individuals in assigned Works' roles must complete Pcard training before a card will be issued and access granted to Works.
- Training can be found online at <https://rise.articulate.com/share/qlxB-S3uNP-7uj2ldM0ChuX2pA1ISFrW>. Click on the link and follow the instructions to complete the training. The material will be followed by a 20-question quiz. You must answer 15 questions correctly to pass the quiz. Follow the instructions carefully. **To receive credit, you must print or email the Certificate of Completion.** If you miss this part, you will have to retake the quiz to generate a new certificate.

Required Forms

- Cardholder: All student organization cardholders must complete an application packet to receive a Pcard and be given access to Works. This includes the approved signature card.
- Works User Only: If the advisor is not a cardholder but still requires Works access, a Pcard/Works application and Pcard training must be completed. The other forms are not required.
- Advisor – No card and no Works: If the advisor does not need access to Works, Pcard training must still be completed.
- Submit: Once packets or materials are complete, email the documents to osu.pcard@okstate.edu (preferred), or send the originals through campus mail to 1224 N Boomer Road.
- **Forms must be typed. Handwritten documents may be returned.**
- **Signatures must be handwritten or official digital signatures. If done incorrectly, the packet may be returned.**

Card Delivery

Once the forms are processed by the Pcard Office, you will be notified by email. Bank of America will send the card directly to the address listed on the Application Form within 7-10 business days. If the cardholder is a student, the card must be delivered promptly to the employee designated to hold the card.

Important Links

Global Card Access: <https://spacardportal.works.com/gar/login>

Pcard Guidelines: <https://adminfinance.okstate.edu/procurement/pcard.html>

Pcard Site: <https://adminfinance.okstate.edu/procurement/pcard.html>

Training Site: <https://rise.articulate.com/share/qlxB-S3uNP-7uj2ldM0ChuX2pA1ISFrW>

Works: <https://payment2.works.com/works>

Contact Information

Pcard Administrator: Carla James / carla.james@okstate.edu / 405-744-8408

Pcard Shared Email Account: osu.pcard@okstate.edu



CHECKLISTS FOR PCARD MATERIALS

Checklist for Student Cardholder – if requested (Submit 1-6)

- Application Form (typed)
 - Cardholder is the treasurer or president.
 - There is no other student officer with a Pcard for this group.
 - CWID is complete. (*Replace the letter A with the number 9. Example: 912345678*)
 - Default fund number is entered. (Example: **1 923456**)
 - Card Embossed Line 1: Cardholder's **legal** name (Mandatory)
 - Single transaction limit is \$500 or less. If higher, provide an explanation on the application.
 - Cycle limit is \$2,500 or less. If higher, provide an explanation on the application.
 - Application signed by the cardholder, approver, accountant, and advisor (*Advisor is required to request the card.*)
 - Indicate the name of the employee who will retain full-time custody of the student's Pcard.
- Conflict-of-Interest Form (signed and dated)
- Student Org Cardholder Agreement (signed and dated)
- Certificate of Completion - Student Organization Pcard Training for **cardholder**
- Certificate of Completion - Student Organization Pcard Training for **advisor**. (*Student organization purchases must be preapproved by the advisor, president, and treasurer. Advisor needs to know what is allowed and prohibited on the Pcard.*)
- Student Organization Signature Card (approved) – indicates cardholder may spend the organization's funds.

Checklist for Advisor Cardholder – if requested (Submit 1-5)

- Application Form (typed)
 - Cardholder is the organization's advisor and a full-time, permanent employee.
 - Organization has no other advisor with a Pcard (*Only one advisor may hold a card for an organization.*)
 - CWID is complete. (*Replace the letter A with number 9. Example: 912345678*)
 - Default fund number is entered. (Example: **1 923456**)
 - Card Embossed Line 1: Cardholder's **legal** name (Mandatory)
 - Single transaction limit is \$5,000 or less.
 - Cycle limit is \$10,000 or less. If higher, provide justification on the application.
 - Application signed by the cardholder/advisor, approver, accountant, and advisor. If the advisor is the cardholder, she/he cannot be the approver or accountant.
- Conflict-of-Interest Form (signed and dated)
- Student Org Cardholder Agreement (signed and dated)
- Certificate of Completion - Student Organization Pcard Training for **advisor**.
- Student Organization Signature Card (approved) – indicates cardholder may spend the organization's funds.

Checklist for Advisor with Approver or Accountant Roles in Works & No Card – if applicable

- Application Form (typed)
 - CWID is complete. (*Replace the letter A with number 9. Example: 912345678*)
 - Application signed by the (1) approver, (1) accountant, and (3) advisor.
- Certificate of Completion - Student Organization Pcard Training for **advisor**



**APPLICATION FOR STUDENT ORGANIZATION
PCARD OR WORKS ACCESS**

Personal Information:

First Name:	Middle Initial:	Last Name:
Email Address:	@okstate.edu	CWID: (no A) 9-
Role/Title in Organization:	Organization's Name:	

Billing Information

University Address:			
City:	State:	Zip:	Country: USA
Cardholder's Business Phone:		Secondary Phone or Cell:	
Default Chart and Fund: (#-#####)			

Card Information and Controls:

Card Requested? If yes, name on card (legal name): Student organization name on card:		Note: Each line is limited to 21 spaces and characters.
Role(s) – Use checkboxes: <input type="checkbox"/> Cardholder <input type="checkbox"/> Approving Manager <input type="checkbox"/> Accountant <input type="checkbox"/> Group Proxy Reconciler <input type="checkbox"/> Group Owner	Credit Limits (transaction/monthly): Provide justification for <u>employee</u> cycle limit exceeding \$10,000 per month or <u>student</u> limits exceeding \$500 per single transaction or \$2,500 per month.	

Other notes and instructions:

Signatures and Dates:

_____ Signature of Cardholder	_____ Date
_____ Signature of Approving Manager	_____ Date
_____ Signature of Accountant	_____ Date
_____ Signature of Organization's Advisor	_____ Date
_____ Signature of Fiscal Officer/Other (if required)	_____ Date
_____ Signature of The Office of Central Procurement	_____ Date

Other:

Cardholder's Pcard Training Date:

Student Pcard Custody - If the cardholder is a graduate or undergraduate student, who will be responsible for keeping custody of the student's Pcard, checking it out for use, and ensuring the card and receipts are returned after each use?

Name of Organization's Advisor:

Department where advisor is employed:

Advisor's Pcard Training Date:



PCARD CONFLICT-OF-INTEREST FORM

Name:

Organization:

The information you provide will be used only as required to report and manage conflicts of interest. Return this form directly to the appropriate departmental administrator.

1. Do you have an interest in an entity or activity that does business with Oklahoma State University?

Yes No

2. Do you have a family member who has an interest in an entity or activity that does business with Oklahoma State University?

Yes No

3. Do you have an interest in, or relationship with, any entity or activity that could reasonably appear to affect, or be affected by, the exercise of your university responsibilities?

Yes No

4. Do you have a family member who has an interest in, or relationship with, any entity or activity that could reasonably appear to affect, or be affected by, the exercise of your university responsibilities?

Yes No

5. Do you have any other interests, relationships, or activities that could affect decisions you may make on behalf of Oklahoma State University?

Yes No

6. If you answered yes to any of the questions above, please fully explain the nature of your business interest, relationship, or activity. Include the type and name of businesses, percent of ownership, etc.

I understand I am required to make annual disclosure of financial interests which could reasonably appear to be a conflict of interest. I declare that I have used all reasonable diligence in preparing this disclosure statement, which to the best of my knowledge is true, accurate, and complete. I understand that I have a responsibility to update the above information throughout the coming year if my circumstances change.

Signature

Date



STUDENT ORGANIZATION CARDHOLDER AGREEMENT

I, as an authorized and approved cardholder, fully understand and agree to the following terms and conditions regarding the use and safekeeping of the purchase card (Pcard) entrusted to me:

1. I accept full personal responsibility for the safekeeping of the Pcard assigned or checked out to me, and understand absolutely no one, other than me, is permitted to use the Pcard or its 16-digit account number.
2. I will be making financial commitments on behalf of my student organization and will obtain fair and reasonable prices.
3. I have received training and agree to follow all policies, procedures, and guidelines established for use of the Pcard.
4. I will not use the Pcard for non-student organization related business, unauthorized purchases, or for personal purchases.
5. I understand all purchases must be preapproved by the advisor, president, and treasurer of the organization.
6. I will immediately report the theft or loss of the card to the Bank of America by phone at 888-449-2273.
7. I understand all purchases made on the student organization card are subject to sales tax.
8. I understand that the use of the Pcard does not exempt me from purchasing requirements as set forth in Oklahoma State University policy and procedures, Pcard Guidelines, State Statutes, and Campus Life.
9. I understand my Pcard may not be used for the following (refer to Pcard Guidelines for additional details and/or any updates that may be made):
 - Alcohol and Tobacco
 - Cash, Cash Advances, ATM Transactions
 - Personal Purchases
 - Purchases from University Departments or Stores
 - Gift Cards Greater than \$25.00
 - Weapons and/or Ammunition
 - Other Purchases not Permitted Under OSU Policies and Procedures, Purchasing Policies, State Statutes, and Campus Life directives.
10. I will surrender my Pcard (a) upon termination of my employment with Oklahoma State University, (b) when no longer an advisor, president, or treasurer of the student organization or (3) at the request of my supervisor, advisor, department administration, or Pcard Administration.
11. I understand that I am not to use the Pcard as a financial reference to obtain personal credit cards or loans.
12. I understand that I am personally responsible for obtaining all original receipts (purchase and credit documents) and supporting documentation and submitting them in accordance with Pcard Guidelines.
13. I understand that failure to follow any of the above listed terms and conditions, Pcard Guidelines, policies and procedures and/or misuse of the Pcard in any manner, may result in revocation of the privilege to use the card, disciplinary action, termination of employment, and/or criminal charges being filed with the appropriate authority.

I hereby accept the above terms and conditions.

Cardholder Name Printed/Typed

Cardholder Signature

Date Signed