

MISSOURI STATE UNIVERSITY
Procurement Card Acceptance Form

CARDHOLDER NAME
CARD NUMBER AND CARD EXPIRATION DATE
<p>DEPARTMENT PROCUREMENT CARD COORDINATOR</p> <p>I certify receipt of the above card and that the Procurement Card will be kept in a secured location until given to the cardholder. The card information will be kept confidential and will not be given to unauthorized personnel.</p> <p style="text-align: right;">Signature _____</p> <p style="text-align: right;">Date _____</p>

<p>CARDHOLDER</p> <p>I certify receipt of the above identified card from the Department Procurement Card Coordinator. I understand that I will be responsible for keeping the Procurement Card in a secured location. The card information will be kept confidential and will only be used in accordance with established guidelines.</p> <p style="text-align: right;">Signature _____</p> <p style="text-align: right;">Date _____</p>
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