MISSOURI STATE UNIVERSITY
Procurement Card Acceptance Form

CARDHOLDER NAME

CARD NUMBER AND CARD EXPIRATION DATE

DEPARTMENT PROCUREMENT CARD COORDINATOR

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.

Signature _____

Date _____

CARDHOLDER

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.

Signature _____

Date _____