



MISSISSIPPI UNIVERSITY FOR WOMEN

Office of Resources Management

State Procurement Card Guidelines

Revised February 2016

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Introduction

Section 31-7-7, Mississippi Code of 1972, Annotated, authorizes services of the Procurement Card Program for the State of Mississippi. The program, which is an alternative method of purchasing, will provide needed resources in a timely manner. Section 10.113, State of MS Procurement Manual, states that various state agencies may make purchases under the Procurement Card Program established by the Office of Purchasing and Travel provided, however, that all such purchases shall be made in compliance with the minimum policies and procedures established by the Office of Purchasing and Travel. The intent of this program is to allow government entities to make small dollar purchases easier and more economical than under previous procedures; therefore, the availability of acceptance is of utmost importance. The procurement charge card is accepted by a wide variety of businesses offering goods and services in Mississippi. The establishment of the program would help reduce administrative costs associated with small dollar purchases. The traditional process of requisitions, pricing, purchase orders, invoicing, payment vouchers and the issuance of checks to multiple vendors will be dramatically reduced.

Departments/Agencies should establish documentation and controls to govern the use of the Procurement Card Program. Controls should be designed to ensure and safeguard assets of departments/agencies and also should be in compliance with State and Agency regulations, policies and procedures.

There will be no monthly or annual cost or fees associated with the use of the State's Procurement Card Program.

100. Getting Started

The department should complete the form on page 11 and submit it to the Office of Resources Management. This form must be signed by your immediate supervisor (anywhere at the top of the page).

- **Complete Cardholder Agreement Form**

The cardholder agreement form is to be completed by the cardholder. The cardholder shall sign the statement stating that he/she has read and understands the minimum requirements and any additional policies or procedures. This form should be kept on file with the PC (Program Coordinator).

101. Policies and Procedures

The following are the minimum requirements for use of the Procurement Card Program.

The cardholder(s) shall:

1. Assure that the item(s) purchased are required for bona fide government purposes.
2. Assure that the prices paid are fair and reasonable.
3. Notify the merchant that the purchase is being made in the name of a government entity which is exempt from state and local taxes.
4. Assure that a list of the items purchased (either in the form of a detailed sales receipt or an order description) is reviewed and confirmed by the cardholder.
5. Assure that all items are received (no back orders allowed).
6. Assure that state contract items are purchased only from the state contract vendor at or below the state contract price.
7. Assure that purchases are within the limits set by the individual agency and available budget authority.
8. Assure that no purchases are made from hotels, motels, restaurants, or health care providers.
9. Assure that no cash advances are made with the card.

10. Upon receipt of the monthly statement, the cardholder shall review all charges to assure accuracy. If necessary, complete applicable required documents such as dispute forms, food form, food memo, missing document form and travel form. Then, reconcile the statement with copies of receipts, quotes, required documents, and appropriate signatures.
11. Forward the approved reconciled statement to the Office of Resources Management. This should be done within **FOUR** (4) business days after receipt of the statement.

The agency program coordinator shall:

1. Review statements and applicable documents to assure that only proper purchases have been made and that the statement accurately reflects the charges indicated on the receipts, quotes, and required documents. If correct, the program coordinator will approve the statements for payment and process to the Comptroller's Office.
2. Submit disputed documents to the contractor for review and submit copies to the agency accounting office.

The cardholder shall sign a statement verifying that he/she has read these minimum requirements and any additional policies established by the agency and that it is understood he/she will be personally liable for any purchase that is made which is not in compliance with these procedures; and in addition to being responsible for any such charges, the cardholder may lose privilege of using the procurement card.

The agency program coordinator shall sign a statement verifying that he/she has read these minimum requirements and that it is understood he/she may be held jointly liable for any purchase that is approved by the program coordinator/liaison that is not in compliance with these procedures; and in addition to being responsible for any such charges, the agency may lose the privilege of using the procurement card program.

102. Cardholder Responsibilities

The following are the minimum requirements:

- The cardholder should safeguard the procurement card and account number
- If only cardholder name appears on the procurement card; procurement card should be used by the cardholder
- The cardholder should not loan procurement card to anyone
- The cardholder should ensure that the procurement card is kept in an accessible secure location

- The cardholder should not post account number of the procurement card
- The cardholder shall read and sign the cardholder agreement stating that he/she has read and understands the minimum requirements and any additional policies or procedures
- The cardholder should obtain a quote and an itemized receipt/invoice for each purchase (If receipt/invoice cannot be obtained, complete a procurement card missing document affidavit form)

103. Procurement Card Conditions

Departments may use the procurement card to make purchases which are for bona fide needs of the department. The maximum amount of a purchase under the program shall be \$500 per single transaction.

104. Security Issues

All Department procurement cards should be kept in a secure location, such as, a locked file cabinet or office safe, etc.

Cardholders should be instructed not to carry the procurement card on personal vacations, weekends and/or holidays. The cardholder should keep the procurement card separate from personal credit cards.

105. Lost or Stolen Cards

Cardholders will be required to contact Resources Management to report lost or stolen cards, as soon as, the loss or theft is discovered. The cardholder should contact their program coordinator immediately. UMB is required to mail replacement cards within 48 hours after receiving the report of a lost or stolen card.

106. Taxes

Per Section 27-65-105(a) of the Mississippi Code of 1972, Annotated, state agencies are exempt from state sales tax. This section provides that sales of tangible personal property or services made to the United State Government, the State of Mississippi and its departments, institutions, counties and municipalities or departments or school districts of said counties and municipalities are exempt from sales taxes. As a prerequisite to exemption, the sale of property or charge for services must be sold directly to, billed directly to and paid for directly by the exempt entity. Invoices and/or receipts should be reviewed to ensure that the vendor did not charge sales tax.

This exemption does not apply to sales of tangible personal property or services to contractors purchased in the performance of contracts with the exempt entity, nor the employees of the exempt entity, although the contractor or employee may be reimbursed for the expense by the exempt entity. The exemption also does not apply to Production Taxes nor Contractors Taxes levied by Sections 27-65-15 and 27-65-21, Mississippi Code of 1972.

107. Expenditure Limits and Purchase Restrictions

Per Section 10.113.03 of the State of Mississippi Procurement Manual, executives of participating agencies shall determine restrictions as to the use of the procurement card, consistent with the terms of the Office of Purchasing and Travel and within the statewide, single order purchase limit of \$500.

Departments must not exceed the \$500 single purchase limit and the \$5,000 monthly limit.

108. Billing

At the end of each cycle, UMB shall submit a statement to each approving official including statements of individual cardholders and also, shall submit a consolidated report to the Office of Resources Management. Resources Management will forward the approved statements to the Comptroller's office for payment. There is no purchase order required for these transactions.

109. Auditing

Audits will be performed by the Office of Resources Management. Audits may be performed by the Internal Auditor and the Mississippi Office of the State Auditor. Transactions will be audited to verify, but not limited to the following:

- All single purchase transactions
- The procurement card is being used for appropriate purchases
- Quotes, itemized receipts/invoices and/or Procurement Card Missing Document Affidavit Form is attached with monthly statement(s).
- Completed applicable required documents such as: food memo, food form, travel form, and dispute form is attached with monthly statement.
- No sales tax is being charged
- Splitting Orders (Orders should not be split to circumvent spending restrictions)
- Any cardholder that reconcile statements must have supervisor verify process for accuracy and accountability

A. Use of the Procurement Card

Following are the minimum conditions/instructions/limitations required for all transactions utilizing the Mississippi University for Women Procurement Card:

1. NO equipment or Inventory Items shall be purchased with the card.
2. The cardholder must obtain Itemized Transaction Receipts from the merchant.
3. NO Sales Tax shall be charged to the card. Procurement Card Purchases are Exempt from state and local taxes.
4. A Procurement Card Food Purchases Form must be completed and filed with the itemized transaction receipt for any food purchases.
5. A food compliance memo (this is in addition to the food purchases form) must be submitted prior to making any food purchases.
6. NO ATM Cash Withdrawals will be allowed on the card.
7. NO Radioactive or hazardous materials should be purchased with the card.
8. NO Back Orders will be allowed on the card. Verify that phone orders are in stock and will be ready for immediate shipment or that the purchase will be charged ONLY at or after date of shipment.
9. NO Travel and Entertainment expenses should be charged to the card.
10. NO Personal Use of the card will be authorized or allowed.
11. NO Card Transaction may exceed Five Hundred Dollars (\$500) in a single transaction and may not exceed \$5,000 in a single month.
12. All items purchased are required to be for Bona Fide University Purchases.
13. The cardholder should ensure that the prices paid are fair and reasonable.
14. The card is only to be used for purchases within the United States.
15. NO maintenance agreements or registration fees (relating to travel).
16. NO gifts, incentives, or awards should be purchased using the card.
17. Competitive State Contract items must be purchased from the state contract vendor.

Special Inventory Items

The Following items may NOT be purchased with the Procurement Card regardless of Cost:

- Weapons
- Cameras and Camera Equipment (greater than \$250)
- Two way radio equipment
- Televisions (greater than \$250)
- Lawn Maintenance Equipment
- Cellular Telephones
- Computers
- CPUs (greater than \$250)
- Hard drives (greater than \$250)
- Terminals (greater than \$250)
- Printers (greater than \$250)
- Chainsaws
- Air compressors
- Welding Machines
- Generators
- Motorized Vehicles
- Travel related costs

The preceding list is general and subject to change. If you have any questions about whether an item would be considered a special inventory item, please contact the Resources Management office at 329-7126.

Mississippi Office of the State Auditor Website: <http://www.osa.state.ms.us/>

110. Commercial Card Purchase Setup Form:

A copy of the procurement card set up form is listed on the next page – PLEASE REMEMBER YOU MUST HAVE YOUR SUPERVISOR SIGN THIS FORM.



PROCUREMENT CARD PURCHASE SETUP FORM

NOTE: This form should be completed by the Agency Program Coordinator with the required information input by the Cardholder.

| | | | |
|---|---|---|--|
| SECTION I | | INSTRUCTIONS | |
| <ol style="list-style-type: none"> 1. To add a new account, Cardholder completes the information below. 2. Maintain a copy in the Cardholder and Agency Program Coordinator's files. 3. Mail the completed form to Office of Purchasing, Travel, and Fleet Management, 701 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS 39201. | | | |
| SECTION II | | REPORTING PARAMETERS | |
| <input type="checkbox"/> New Account <input type="checkbox"/> Reissue Replacement Card <input type="checkbox"/> Request Lost/Stolen Replacement <input type="checkbox"/> Change Account Address <input type="checkbox"/> Change Control Account | | <input type="checkbox"/> Change Authorization Strategy <input type="checkbox"/> Close Account <input type="checkbox"/> Update Account Information <input type="checkbox"/> Emergency Card Replacement <input type="checkbox"/> Authorization Override | |
| SECTION III | | | |
| CARDHOLDER INFORMATION (Please Print) | | | |
| Account Number _____ | | Cardholder's First Name _____ | |
| | | Cardholder's Last Name _____ | |
| Department/Agency Name (maximum 21 characters) _____ | | Business Phone (include area code) _____ | |
| 2 nd Line Embossing (maximum 21 characters/data on Front of Card) _____ | | Fax Number (include area code) _____ | |
| Statement Mailing Address Line 1 (maximum 36 characters) _____ | | Last 4 digits of Social Security Number _____ | |
| Statement Mailing Address Line 2 (maximum 36 characters) _____ | | Position _____ | |
| City _____ | State _____ | Zip _____ | Country _____ |
| Email Address _____ | | | |
| Authorization Strategy No. _____ | | Reporting Levels/Agency No. _____ | |
| Control Account No. _____ | | | |
| SECTION IV | | | |
| AUTHORIZATION PARAMETERS | | | |
| Please select one of the spending limits below. If one is not selected, then the credit level will default to Credit Level 5. | | | |
| Credit Level 1 | Credit Level 2 | Credit Level 3 | Credit Level 4 |
| <input type="checkbox"/> Monthly Credit \$ 30,000 Single Transaction Limit \$ _____ (Cannot exceed \$5,000. If left blank will default to \$5,000) | <input type="checkbox"/> Monthly Credit Limit \$20,000 Single Transaction Limit \$ _____ (Cannot exceed \$5,000. If left blank will default to \$5,000.) | <input type="checkbox"/> Monthly Credit Limit \$10,000 Single Transaction Limit \$ _____ (Cannot exceed \$5,000. If left blank will default to \$5,000) | <input type="checkbox"/> Monthly Credit Limit \$5,000 Single Transaction Limit \$ _____ (Cannot exceed \$5,000. If left blank will default to \$5,000.) |
| Credit Level 5 | Credit Level 6 | Credit Level 7 | Credit Level 8 |
| <input type="checkbox"/> Monthly Credit \$1,000 Single Transaction Limit \$ _____ (Cannot exceed \$5,000 and cannot exceed monthly limit.) | <input type="checkbox"/> Monthly Credit \$500 Single Transaction Limit \$ _____ (Cannot exceed \$5,000 and cannot exceed monthly limit.) | <input type="checkbox"/> Monthly Credit \$100 Single Transaction Limit \$ _____ (Cannot exceed \$5,000 and cannot exceed monthly limit.) | Monthly Credit \$ _____ Single Transaction Limit \$ _____ (Cannot exceed \$5,000 and cannot exceed monthly limit.) |
| SECTION V | | | |
| CARDHOLDER SIGNATURE | | | |
| I understand that the Card is to be used for official purchases only. I understand that it is my responsibility to notify UMB if my card is lost or stolen. | | | |
| Cardholder Signature _____ | | Date _____ | |
| SECTION VI | | | |
| AGENCY PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER | | | |
| Approving Agency Program Coordinator's Signature _____ | | Date _____ | |
| Approving Agency Program Coordinator's Name (printed) _____ | | Date _____ | |
| Approving Agency Program Coordinator's Business Phone Number (with area code or country code) _____ | | | |
| Approving Agency Program Coordinator's Fax Phone Number (with area code or country code) _____ | | | |

111. Cardholder Agreement Form

Mississippi University for Women Resources Management Procurement Card Program Cardholder Agreement

The cardholder shall sign a statement verifying that he/she has read these minimum requirements and any additional policies or procedures established by the agency and that it is understood he/she will be personally liable for any purchase that is made which is not in compliance with these procedures; and in addition to being responsible for any such charges, the cardholder may lose the privilege of using the procurement card and may face disciplinary action. The following are the minimum requirements for use of the Procurement Card Program.

The cardholder shall:

1. Assure that the commodities/services purchased are required for bona fide government purpose. No equipment is to be purchased with the procurement card.
2. Assure that the prices paid are fair and reasonable.
3. Notify the merchant that the purchase is being made in the name of a government entity which is exempt from state and local taxes.
4. Assure that a list of the commodities purchased (either in the form of a detailed sales receipt or an order description) is reviewed and confirmed by the cardholder.
5. Assure that all commodities are received (no back orders allowed).
6. Assure that state contract commodities are purchased only from the state contract vendor at or below the state contract price.
7. Assure that purchases are within the limits set by the individual agency and available budget authority.
8. Assure that no purchases are made from hotel, motel, or restaurants for travel related expenses.
9. Assure that no cash advances are made with the card.
10. Upon receipt of the monthly statement, the cardholder shall review all charges to assure accuracy, complete applicable dispute documents; reconcile the statement with copies of receipts and order logs, and approve and sign the statement.
11. Forward the statement, copies of receipts, logs, and dispute documents to the appropriate official within the agency according to agency policy. This should be done within one day after receipt of the statement. The document may be mailed, but it is recommended that these items be sent via fax machine.

CARDHOLDER AGREEMENT

I, _____ (name of cardholder), certify that I have read and fully understand the policies and procedures for use of the State of Mississippi Small Purchase Procurement Card Program and that I understand that I will be held personally responsible for all charges for any purchase which is made and is not in compliance with these procedures. I also understand that my own agency may have additional restrictions and that I will abide by any and all such requirements. In addition to being personally liable for any such charges, I understand that misuse of the program may be cause for loss of procurement card privileges as well as possible disciplinary action.

Printed Name of Cardholder

Date

Signature of Cardholder

I, _____ (Angie Atkins), certify that I have read and fully understand the policies and procedures for use of the State of Mississippi Small Purchase Procurement Card Program and that I understand that I may be held jointly responsible for all charges for purchases which I have approved but which are not in compliance with these procedures. I also understand that my own agency may have additional restrictions and that I will abide by any and all such requirements. In addition to being jointly liable for any such charges, I understand that misuse of the program may be cause for loss of procurement card privileges for our agency.

Printed Name of Liaison Officer

Date

Signature of Liaison Officer

112. Commercial Cards Cardholder Dispute Form



VISA PURCHASING CARD DISPUTE FORM

ACCOUNT INFORMATION

Name: _____ Account Number: _____
 Company Name: _____ Business Phone: _____

TRANSACTION INFORMATION

Merchant Name: _____ Amount of Dispute: _____
 Date of Transaction: _____ Reference Number of Transaction from Statement: _____

DISPUTE DETAILS

Please mark the appropriate dispute reason listed below and if indicated, provide the requested documentation.

- Need a copy of the transaction in order to submit payment.
- I do not recognize the above merchant. I am asking that the merchant provide me with more information to help identify whether or not the charge is valid. All valid cards issued to this account are in my possession.
- Although I did engage in the above transaction, I am disputing \$ _____ of the above charge. I have contacted the merchant and attempted to resolve the matter. I have provided the details below.
- Amount is to be billed to a different UMB card number. UMB card number: _____
- Incorrect Amount. *Must provide copy of receipt.* I was billed \$ _____ but should have been billed \$ _____
- Duplicate Posting. The original transaction posted to my statement for \$ _____ on _____ date.
- I returned the merchandise to the merchant on _____ date. The reason for return is listed below. *Must provide proof of return.*
- I have a credit slip and the credit has not posted to my account. *Must provide copy of credit slip.*
- To best of my knowledge I, nor anyone authorized by me, received the goods or services represented by the charge. I also certify that I, nor anyone with my permission, engaged with the above merchant in any manner.
- I have not received the merchandise and it was to be delivered on _____ date.
Must give dates when the merchant was contacted to check on the status of the order & their response below.
- I cancelled a guaranteed late arrival hotel reservation on _____ date at _____ time & cancellation # is: _____
- Other. Details of the dispute have been provided below.

ADDITIONAL INFORMATION REGARDING THE DISPUTED CHARGE

SEND THIS FORM TO:
 UMB Bank Card Center
 ATTN: PURCHASING CARD DISPUTES
 P.O. BOX 419734
 KANSAS CITY, MO 64141
 FAX: 816-843-2485

 Cardholder's Signature & Today's Date

113. Procurement Card Missing Document Affidavit

**PROCUREMENT CARD
MISSING DOCUMENT AFFIDAVIT**

Cardholder: _____ Account Number: _____

Signature of Department Supervisor: _____

| Item Description Cost | Date of Purchase | Vendor |
|--------------------------|------------------|--------|
|--------------------------|------------------|--------|

Detailed explanation of missing documentation:

The undersigned employee responsible for said missing documentation hereby states under oath that the above facts are true and correct to the best of his/her knowledge:

DATE: _____;

SIGNATURE OF EMPLOYEE: _____

This Date Personally Appeared Before Me, the undersigned authority, in and for _____ County, State of Mississippi, the above named employee, who, being first duly sworn, state on his/her oath that the above facts are true and correct to the best of his/her knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the ____ day of ____ 20 ____

Notary Public

NOTE: This affidavit shall be attached to the cardholder's statement and filed with the Approving Official.

114. Miscellaneous

The Procurement Card may be used for the following:

Memberships

Software, provided you are not signing a Licensing Agreement

Freight/Shipping Charges

Postage

Subscriptions/Publications

Reprints

Advertising

Space Rental at Conferences/Conventions

Registration fee