

# VANDERBILT UNIVERSITY MEDICAL CENTER PAYMENT CARDS

## PAYMENT CARD APPLICATION

**Select Card Type (choose one option)**

Individual PCard
  Department PCard

**Card Applicant Information**

First Name	Middle Initial	Last Name	Employee ID (7 digits) (    )
VUMCnet ID	E-Mail Address		Business Phone Number
Home Department Name			Home Department Number

**Business Purpose for Card: (volume of transactions, type of transactions, merchants, etc.) Please be detailed.**


**PCard Credit Limits: (choose one of each)**

Single Transaction Limit:                      Monthly Limit:  
 \$3,000       \$5,000                     
  \$5,000       \$10,000       \$25,000

**General Ledger Information**

Please provide the Cost Center and Account in the boxes below for your default expense setting. Also, list all other center numbers applicable to this card for expense allocation purposes. If more than 6 cost centers, please send a separate Excel file containing all centers to [vumcpaymentcards@vanderbilt.edu](mailto:vumcpaymentcards@vanderbilt.edu)

**Default Center Number**  
(example: 1032291106)

**Default Account Number**  
(example: 60040 Office Supplies)

Additional Centers:

Additional Centers:

Additional Centers:


**Card Applicant Signature**

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Signature of Card Applicant Date

**Card Manager (card manager CANNOT report to card applicant)**

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Card Manager (Please Print) Date Card Manager Date

**Privilege Approver (as assigned in Privilege Management system)**

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Privilege Approver (Please Print) Date Privilege Approver Signature Date

**Payment Cards team contact information send completed application to address below**

Vanderbilt University Medical Center Finance  
 Payment Cards Team 615.322.4985  
 1301 Medical Center Drive, TVC B706-A [vumcpaymentcards@vanderbilt.edu](mailto:vumcpaymentcards@vanderbilt.edu)  
 Nashville, TN 37232-5336 Payment Cards Website - <https://finance.mc.vanderbilt.edu/disp>

**Payment Card team use only:**

Application Processor Signature	Date	System Reviewer Signature	Date
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## Vanderbilt Medical Center Medical Center Payment Cards PCard Cardholder Agreement

Participation in the MasterCard Payment Cards Program is a convenience that also carries cardholder responsibilities. This card is for the payment of business expenses related to the individual whose name is printed on the physical card. This payment card is considered Medical Center property and must be used only for appropriate and authorized Medical Center business. As the cardholder of a Vanderbilt University Medical Center (VUMC) Procurement Card, I agree to the following terms and conditions:

1. The Procurement Card is provided to employees based on their need to incur business-related purchases. I understand that the card may be revoked at any time based on change of assignment, transfer of home departments or upon termination from VUMC. The card is not an entitlement nor reflective of title or position.
2. I understand that the card will not be used for personal, family or household purposes or for any purpose that is not for the benefit of VUMC. Further, the card may be used only for valid and lawful purposes.
- 3. I understand that I am the only person authorized to use the card and I am responsible for all charges made against the card.**
4. I understand that I will not request or receive cash back from suppliers as a result of exchanges, rebates, and refunds or for any other reason.
- 5. I understand that improper use of the card can be considered misappropriation of company funds, which may result in disciplinary action, up to and including termination.**
6. I understand that all transaction documentation and reconciliations will be subject to audit by Disbursement Services, Medical Center Finance, Department of Finance and/or Internal Audit.
7. I am responsible for complying with internal control procedures in accordance with Payment Card policies, in order to protect the Medical Center's assets. This includes obtaining appropriate receipts and supporting documentation, reconciling every expense within the appropriate online expense reporting program and following proper credit card security measures.
8. I am responsible for reviewing and reconciling my transactions timely in the appropriate expense reporting application and allocating the expenses to the appropriate General Ledger center number(s). I understand allocations within the online system are not to be changed outside via journal entry at a later date.
9. I am responsible for contacting our payment card provider to resolve any discrepancies (customer service number provided on the back of the card). I am responsible for completing all card provider procedures to resolve any issues.
10. I am responsible for ensuring the card and card number is protected from theft or loss. I will not provide the complete card number in electronic communications transmitted through insecure channels (email). I will immediately notify the Payment Cards Team ([vumcpaymentcards@vanderbilt.edu](mailto:vumcpaymentcards@vanderbilt.edu)) of any loss, risk to, or improper use of the card or card number.
11. I will surrender the Procurement Card to the Medical Center's Travel and Procurement Cards Team or my immediate supervisor upon demand or upon my termination of employment with the Medical Center. At this point, no further use of the account is authorized.
12. I have reviewed and understand the VUMC Payment Cards Policy, my school, division, and departmental policies. I am responsible for remaining current on all these policies as they relate to the use of the Procurement Card.

***Department Cards:*** *If I am applying as the trustee of a VUMC DEPARTMENT Card (my name does not appear on the face of the plastic card) I understand that I may sign out the card to other responsible individuals needing to make a valid and authorized business purchase on behalf of the department printed on the card. While the card may be signed out to others, I understand that the security of the card/card information and the review and reconciliation of all transactions made with this card is my responsibility. I understand that it is my responsibility to ensure that anyone using this card will use the card appropriately and in accordance with all VUMC payment card rules and policies. I understand the card should never be signed out for more than 24 hours at a time.*

**I understand that any violation of the terms of this agreement may result in disciplinary or civil and criminal legal action, up to and including termination of employment. I understand that I will owe VUMC an amount equal to the total of any discrepancies, of the total amount of any personal gain, and/or of any fees related to the collection of such money. I understand that VUMC may elect to collect this money even if I am no longer employed by them.**

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Cardholder Signature

Cardholder Printed Name

Date